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ABSTRACT

A paraprofessional training program designed to provide community controlled mental health services to the Woodlawn community of Chicago, Illinois, is described in this monograph. The neighborhood and The Woodlawn Organization (T.W.O.A), a self help project formed in early 1960, are described from an historical perspective. Some of the areas discussed in this history include the primarily black community's relationship with the adjacent University of Chicago, urban renewal and model cities, relationships between the community and local businesses, tenants' rights, the public school system, and social services. The goals and founding principles of the Woodlawn mental health program (co-sponsored by the National Institutes of Health and T.W.O.), as well as training activities designed to meet these goals are outlined. The competency based curriculum developed by T.W.O. to train community mental health leaders is presented. The program contains seminar, practicum, and individual study components. Courses are described in the areas of program development and evaluation; services to families, children and youth; services to consumers with special needs; group facilitation; development of human service networks; community action/change agentry; and agency management. (GC)

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COMMUNITY ORGANIZATION AND MENTAL HEALTH

THE WOODLAWN EXPERIENCE

by

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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PREFACE

The Woodlawn Organization was formed in early 1960 with the assistance of the late Saul Alinsky. The organization developed out of a need to combine the resources and goals of a variety of interest groups and organizations in the Woodlawn community for the purpose of preserving and improving the community.

The pulse of T.W.O. activities has always been its philosophy of "self-determination." Community residents have shown unfailing support for T.W.O. through their cooperation and participation in community voter registration campaigns, anti-slum drives, education and on-the-job training, community clean-up campaigns, and protests against the deliberate and systematic segregation practices of the public school system. Its accountability to its constituency is inherent in the very structure of the organization, and, being a multi-issued community organization, T.W.O. is constantly at work organizing the community residents for self-help programs.

The National Institute of Mental Health training program described in this document provides yet another example of self-help in action. The Woodlawn community can provide

effective mental health services for its residents only if the citizens plan and control these services through an organization that represents them. This project has provided an opportunity for people who live and work in Woodlawn to develop the expertise they need to plan, implement, and evaluate mental health programs. The training program itself has been responsive to the needs and desires of the community, with university resources being used to plan with, not for, the participants.

The Task Panel Reports recently developed for the President's Commission on Mental Health suggests that mental health services are highly dependent on the functions performed by neighborhoods:

neighborhood as the locus of services;

neighborhood as a support system and as a vehicle for the development and strengthening of networks, professional, and natural;

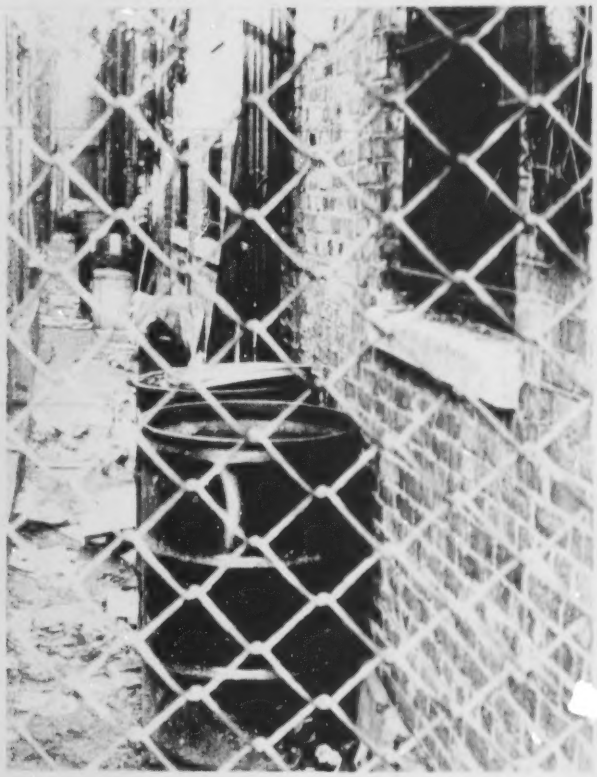
neighborhood as basis for the development of mental health programming;

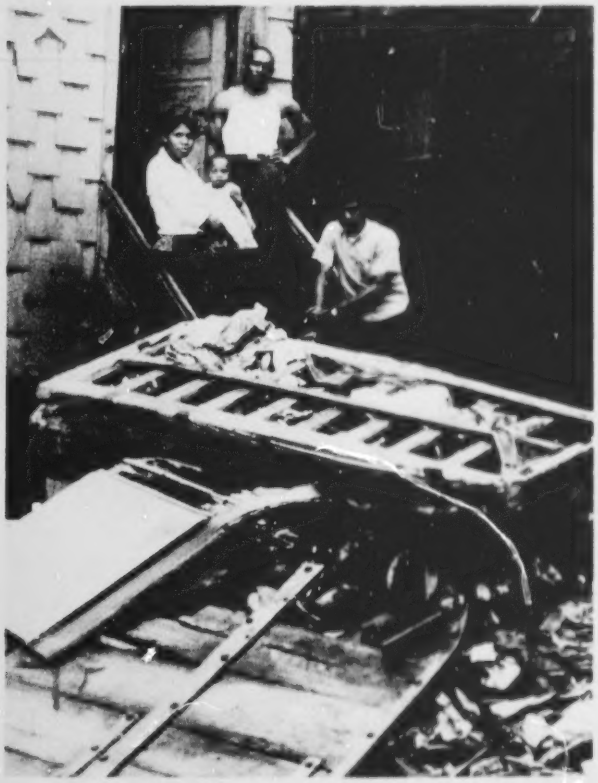
neighborhood as a means of citizen/client involvement;

neighborhood as a basis of citizen empowerment in mental health.

This paraprofessional training program has brought Woodlawn to the forefront in that effort. We are taking the leadership in the development of our own mental health programming, and because a group of our citizens is gaining knowledge and expertise, we are all gaining empowerment in the area of mental health.

Leon Finney
Executive Director
The Woodlawn Organization





INTRODUCTION

The purpose of this monograph is to describe an effective mental health curriculum that was developed in response to the real needs of a dynamic community.

Over a two-year period, our students--citizens of the Woodlawn community of Chicago--worked to develop the skills that they would need to plan and carry out mental health services in their own neighborhoods. Their training program took place at agency sites within the boundaries of the community. Their instructors included both university professors and indigenous leaders. Their program of studies brought recognition of learning that had taken place outside of traditional academic settings. In effect, Woodlawn itself became a living classroom.

Yet, if the students of the N.I.M.H.-T.W.O. training program learned something during the course of the program, project staff learned even more.

We learned that a community-based training program must represent a joint effort, with university staff and community members working together in pursuit of common goals.

Whenever a program attempts to respond to community

needs, there must be a period of negotiation between the community and the academic institution. Each party must agree to the general goals of the program. Each party must understand the real, day-to-day implications of those goals. Each party must protect its integrity, with the university seeking assurance of academic excellence while the community organization protects its role as people's advocate.

In the case of this project, we were fortunate that The Woodlawn Organization had spent many long years building an organization that could speak for the people of Woodlawn. The organization would not allow a program to come into the community unless they were sure that it met community needs and enhanced local resources. If our negotiation succeeded, it was due in part to our agreement concerning the inherent relationship between mental health and community action.

We learned that the self-determination of the community must be preserved.

It is the role of the people of the community to set their own goals. It is the role of the university to provide the technical assistance needed to meet those goals.

Perhaps the greatest difficulty to be encountered in a joint project is the necessity for the university to understand the nature of this distinction. The university must enhance local self-determination, not undermine it, and that means

working with the community, not on it or for it. While most people agree with this concept, its real-life implementation is difficult, and questions of control are always pervasive.

We learned that the program must have impact, not just on individual students, but also on the way the community as a whole solves its problems.

An important priority of this program was the provision of opportunities for community members to move into leadership, managerial, or program development positions in mental health related agencies.

Just as important, however, is the idea that training is a tool to impact the community as a whole, particularly in the area of mental health delivery systems. It is because of this that our curriculum stresses, not just direct services, but the development of competencies in program planning, evaluation, and group leadership. Our hope is that the ability of the community to solve its own problems, without reliance on outside "experts," will be enhanced.

A program must have impact beyond the limitations of time and place.

We believe that, because of the nature of the curriculum, this project is playing a part in the long-range development of the Woodlawn community. The citizens of Woodlawn wish to prevent mental health problems and to solve those problems that do arise within their own borders. By training mental

health leaders--not mental health followers--the program will have long-term effects.

We also hope that the program will grow beyond the boundaries of our own city and state. What we have learned has relevance to the problems of communities throughout the nation, and it is for that reason that we have prepared this document.

Michael D. Lewis, Ph.D.
Director, N.I.M.H.-T.W.O.
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SIGN?

WOODLAWN AND THE WOODLAWN ORGANIZATION

CHAPTER I

WOODLAWN AND THE WOODLAWN ORGANIZATION

> Organization generates power.
> Organization overcomes apathy.
> Organization enables citizen participation. Organization creates leaders. Organization is a means of education.
> Organization clarifies goals.
> Organization builds organization.
>
> (Fish, 1973)

Woodlawn is a mile square neighborhood in the heart of Chicago, Illinois. It has the potential to be an exceptional place to live, since it is close to Lake Michigan, close to Chicago's thriving downtown areas, close to some of the world's finest museums, and actually adjacent to the University of Chicago.

Yet, in the milestone year of 1960--the year its citizens decided to organize themselves--Woodlawn's potential seemed grim. It was true that the University of Chicago was the immediate neighbor to the north. It was just as true that the campus was clearly separated from the community by a length of barbed wire fence!

THE WOODLAWN COMMUNITY

The plight of the community in 1960 can be understood best through recognition of the ongoing cycle of deterioration in which it was apparently caught. Four local pastors, attempting to call attention to the problems being faced in Woodlawn, found:

> 1) that the Woodlawn community as a whole was not represented by any one organization; 2) that blight, overcrowding of residential buildings, transiency, crime and social disorganization were dangerously on the increase; 3) that this community deterioration began slowly during the depression of the thirties and was sharply accelerated by the housing shortage during World War II and was intensified by postwar inflation coupled with rent control; 4) that racial change in the community began around 1949 and 1950 and within six years the population became some 90 percent non-white...
>
> (The pastors identified)
> A) Property acquisition through scare tactics, and panic selling,
> B) Conversion of larger apartments into smaller, cheaper quarters for a more transient and socially unstable population,
> C) Development of furnished kitchenette units in apartment hotels catering to all kinds of temporary and irresponsible occupants,
> D) Increase in tavern activity coupled with the influx of dope peddlers, prostitutes, and gambling interests. (Leber, Blakely, Farrell, and Profrock, 1959)

If the neighborhood as a physical entity was deteriorating, every social indicator also showed that the quality of its residents' lives was declining.

> Woodlawn is a community where one out of every ten men cannot find a job; where six out of ten high school students drop out; and where one quarter of the population is on welfare. Other

> statistics are equally depressing; its infant mortality rates, venereal disease rates, and premature birth rates are among the highest in the city. (TWO, 1970, p. 43)

The people of Woodlawn were paying high rents for substandard housing, high prices for low-quality food and clothing. Health care, social services, and educational facilities were all inadequate. No one in the public or private sector took responsibility for enhancing the accessibility of either goods or services, and every day more local businesses disappeared.

But neither history nor statistics can tell the whole story. As one of Woodlawn's most effective spokesmen put it,

> Who in the white community has smelled the foul odor of uncollected garbage in the halls of ghetto apartments? In Woodlawn those garbage heaps convey the stench of hopelessness. (Brazier, 1969, p. 10)

It was to wipe out that hopelessness and to bring about community self-determination in its place that The Woodlawn Organization (T.W.O.) was created.

TWO: THE BEGINNINGS

As the decade of the 1950's drew to a close, four of Woodlawn's religious leaders realized that, unless something was done to break the cycle, the community's descent into despair would never be stopped. Doctors Leber and Blakely of the First Presbyterian Church, Father Farrell of the Catholic Church, and Reverend Profrock of the Woodlawn Emanuel Lutheran

Church examined the problems they saw around them and turned to their churches for help. By 1960, Leber, Blakely, and Farrell had secured funds from the Catholic Archdiocese of Chicago, the Schwarzhaupt Foundation, and the First Presbyterian Church of Chicago. Forming the Greater Woodlawn Pastors' Alliance from what had been the entirely Protestant Woodlawn Ministers' Alliance, they took the first major step toward community organization. They called in Saul Alinsky and his Industrial Areas Foundation (I.A.F.), which had been formed to provide technical assistance to communities attempting to build their own "people's organizations."

The "People's Organization"

The approach that underscores all of the I.A.F.'s work presupposes that the people living in slum communities are trapped there, unable to leave and victimized by outside powers. The problems of urban decay and citizen apathy are related to the political, economic, and social forces that control the life of the ghetto and keep its population dependent. People can improve their own lives only by first seeking and maintaining power.

> For Alinsky, the first task is to beat down the mythologies which have maintained ghetto dependency; specifically, to beat down the "medical" interpretation which legitimates outside control. In this "medical" interpretation Woodlawn is defined as sick, the people are

> treated as patients, cures are sought, specialists consulted, and remedies prescribed. A situation of dependency is thus perpetuated...
>
> The basic problems of Woodlawn, Alinsky argued, are not "medical" but "political"; that is, they stem from the arrangements by which power is acquired and exercised. Woodlawn residents are excluded. They have neither access to nor influence over the political processes. Woodlawn's condition is not one of sickness but of powerlessness. (Fish, 1973, p. 21-22)

The I.A.F.'s strategy for change is the development of indigenous people's organizations, which provide the only possible means for obtaining broadly based power. In a community like Woodlawn, the only resources available to the residents are their own numbers. The initial organizational approach is (1) to attract people by dealing with the concrete issues about which they are really concerned, (2) to give them an avenue through which they can raise and resolve conflict, and (3) to provide an opportunity for local leadership to arise.

Professional organizers can help to put the strategy in motion, but they can neither select the organization's goals nor choose its leaders. It is up to the people to do both. The ultimate success of a people's organization depends both on the victories it can win for its members and on the feelings of intense involvement it can generate. As the organization progresses, every action has two complementary goals: to improve in some way the quality of life in the community and to enhance and strengthen the organization. Self-determination

is a means through which change can occur; it is, at the same time, a high-priority end in itself.

> If people are organized with a dream of the future ahead of them, the actual planning that takes place in organizing and the hopes and the fears for the future give them just as much inner satisfaction as does their actual achievement. The kind of participation that comes out of a People's Organization in planning, getting together and fighting together completely changes what had previously been to John Smith, assembly-line American, a dull, gray, monotonous road of existence that stretched out interminably, into a brilliantly lit, highly exciting avenue of hope, drama, conflict, with, at the end of the street, the most brilliant ending known to the mind of man--the future of mankind. (Alinsky, 1969, p. 49)

Building the Organization

In January of 1961, a meeting of representatives of the Woodlawn Block Club Council, the Woodlawn Businessmen's Association, the Greater Woodlawn Pastors' Alliance, and the United Woodlawn Conference (the U.W.C. subsequently dropped out) resulted in the creation of The Temporary Woodlawn Organization, with Reverend Robert J. McGee as president, Reverend Arthur Brazier as "official spokesman," and the I.A.F. as technical advisor. It was important that the organization be deemed "temporary," since the goal of those present was to build a community-based organization that would respond to the needs and desires of a broad range of civic groups in Woodlawn. Toward this end, the Temporary Woodlawn Organization embarked on a series of activities intended to deal with the

most important issues immediately facing the community, while building a support base that could have a voice in the creation of its own permanent organization.

Urban Renewal

The most difficult and immediate concern of the Woodlawn community in 1961 was an expansion plan that the University of Chicago had announced the previous summer. The University intended to have cleared a strip of land one mile long and one block wide along the southern boundary of the campus. They would build their South Campus expansion in the space. Having the area declared a blighted slum would mean that the University could expand at low cost, while the city would benefit through the availability of federal urban renewal funds.

The residents of Woodlawn were concerned, not just about that one-mile-long parcel of land, but about the South Campus plan's long-range implications for the community. T.W.O. wanted an over-all plan for urban renewal, a plan that would involve community members as full participants, that would set out objectives with the people's interests in mind, and that would prevent the University from swallowing up the whole Woodlawn community in time. The fledgling organization rallied support within the community, opposed the plan in Washington on the basis of lack of citizen participation in planning, and embarked on a long and bitter conflict with a seemingly unbeatable adversary. T.W.O. even hired independent city

planners to draw up alternatives to the plans developed by the University and by the city.

Finally, in 1963, an agreement was reached. A citizen's committee, with T.W.O. providing a majority of the members, would take part in all urban renewal planning in Woodlawn. The South Campus plan would take effect, but only after the deteriorated non-residential buildings in another large piece of land were cleared and low-cost, low-rise housing erected in their place.

T.W.O. had won recognition as the organization that could speak for Woodlawn. It had won recognition of the right of Woodlawn residents to participate in all planning affecting their lives. At the same time, this struggle brought the organization into a new and long-lived stage in its own development. T.W.O., with the Kate Maremont Foundation, later developed this land under the auspices of the T.W.O.-Kate Maremont Development Association, and built, owns, and manages the 502 apartment units of Woodlawn Gardens.

Business Ethics

Just as important to many individual Woodlawn citizens was the issue of exploitation by businesses within the boundaries of their community. The primary problems involved false advertising, unfair credit practices, overcharging, and, in the case of food stores, inaccurate weighing.

Woodlawn residents had few shopping alternatives, and

while they resented being cheated by unscrupulous business people, they felt powerless as individuals in dealing with the problem. At the same time, honest business owners within the community were concerned about these grievances, too.

The Temporary Woodlawn Organization created the Square Deal campaign, beginning with a large parade along one of the main shopping streets in the area. The follow-up to this very visible beginning included a check-out counter set up in the yard of a church. People who had just completed their grocery shopping could bring their purchases there, have them weighed accurately, have their cash register totals checked, and find out immediately whether they had been cheated. Stores that were identified as exploiters of Woodlawn consumers were subjected to widespread publicity and threats of boycott. Individuals who had been cheated were encouraged to share this information with their neighbors.

The result of this concerted campaign was that Woodlawn merchants agreed to sign a Code of Business Ethics that had been drawn up by a group of community leaders and representatives of the Woodlawn Businessmen's Association. A Board of Arbitration, with representatives from the Businessmen's Association and consumer groups, was set up to deal with future problems. The people of Woodlawn had an impact on business practices through these tactics. At the same time, they became increasingly aware of a new force within their community.

Tenants' Rights

One of the primary motivations for organization in Woodlawn had always been the actual physical deterioration of the buildings in which the residents lived. Many of these buildings were medium-sized structures that had been subdivided again and again and had been allowed to fall into disrepair by absentee landlords. Neglecting to maintain buildings often spilled over into refusal to take care of even emergency repair needs like broken windows, faulty plumbing, and non-existent heating. Yet, because of a lack of alternatives, tenants were paying high rents that landlords collected while patiently waiting for "slum clearance" and the sale of their buildings.

When the majority of tenants within a building found the situation intolerable and formed a tenants' committee, T.W.O. would help them in their negotiations with the landlord, sometimes turning to such tactics as going to the owner's suburban neighborhood to picket in front of his or her home. When all else failed, rent strikes were organized, with the tenants putting their rent checks into an escrow account until needed repairs were made. Ideally, landlords would complete repairs upon notification of the committee's demands, and this happened more frequently after a few hard-fought battles had been won.

Again, the tenants' organizations played a role in the strengthening of the young T.W.O., while the community organization was beginning to have a visible impact on concrete problems.

The Schools

Another emotionally-charged issue in the urban ghetto has always been the public school system. In Woodlawn, parents saw their children packed into over-crowded schools and forced to attend in double shifts, while a few miles away white children studied in half-empty classrooms. Superintendent Benjamin Willis and Board of Education President William Caples were seen as unresponsive, and T.W.O. again turned to dramatic demonstrations of community concern.

"Truth squads" visited white schools and took pictures of vacant classrooms to point up the fact that Chicago's schools were, in fact, segregated. Hundreds of community members appeared at a city-wide public hearing. At their own hearing in the Woodlawn community, parents heard reports by masked schoolteachers, afraid of reprisals if their identities were known. Each meeting of the Board of Education was attended by the "Death Watch," groups of parents wearing black capes to symbolize the fate of their children in the Chicago public schools. A one-day boycott of an elementary school was highly effective, and placed Woodlawn in a leadership position among the protesting neighborhoods of metropolitan Chicago.

The "Willis Must Go" campaign did not result in the immediate disappearance of the Superintendent, although School Board President Caples did resign after a delegation of Woodlawn's religious leaders paid a visit to his office at Inland Steel

Company. Temporary classrooms known as "Willis Wagons" did not affect the segregation of the schools, but did ease the overcrowding of black schools in Woodlawn and other neighborhoods. And in the long run, after T.W.O. became more established, the issue of public education in the community would again be addressed.

New Visibility

All of these activities, along with a major voter registration campaign that included transporting bus loads of citizens to City Hall for registration, made the Temporary Woodlawn Organization a viable force in the community. Those with political and economic power in Chicago were becoming aware of the organization. More importantly, the community members themselves were becoming aware of it. By 1962, it was time to create a permanent organization.

TWO: A FORCE FOR CHANGE

Twelve hundred people representing ninety-seven community groups attended the organizing convention of The Woodlawn Organization, (Fish, 1973, p. 63). T.W.O. was set up, not as an association of individual members, but as an umbrella organization for member groups, including block clubs, religious institutions, business associations, and other civic action groups. Each member organization sends delegates to delegate

meetings and the annual convention, with ongoing functions carried on by a steering committee and by a number of standing committees, including the housing committee, the schools committee, the community maintenance committee, the consumer practices committee, the social welfare committee, the civil rights committee, and the fund-raising committee.

On the basis of this organizational mechanism, T.W.O. had in the beginning--and continues to have--the ability to speak for masses of Woodlawn residents. By the mid-1960's, the organization's role as representative of the people had been established. Major issues had been raised. The organization could now turn its attention to building programs that could provide long-range solutions to the problems that had been raised so dramatically in the first years of the decade. Although there were many hard-fought campaigns during the middle and late 1960's, the three major projects that taxed the organization's resources and pointed up its role at that time were the youth project, the education project, and the Model Cities project.

The Youth Project

If any issue could split Woodlawn down the middle in the mid-1960's, it was the question of "youth gangs" and violence. The Blackstone Rangers and the Eastside Disciples were large, highly organized groups of Woodlawn youth. These organizations

often provided young men with their only source of identity and self-respect. The negative side of the coin was that violence could be engendered in gang wars between the rival groups. The Rangers and the Eastside Disciples had had a series of disputes over turf, and the violence of their warfare had frightened the adults of their own community, while convincing the police that the gangs should be broken up completely.

The leaders of The Woodlawn Organization knew that the youth of their community needed programs that could help them through vocational counseling, training, and job placement. They also knew that most youth programs in the past had made the mistake of forcing young men to choose between their gangs and the program or service. The gangs always won, and most youth service programs failed to reach the majority of alienated young people they sought to serve.

While Reverend Brazier and T.W.O. knew that many of their constituents were uncomfortable with the Rangers and the Disciples, they also had first-hand knowledge of the need for self-determination for all people, including the young. They knew that any effective plan for the unemployed young people of Woodlawn would have to involve the gang leadership, not only in the operation of the program, but in its planning phases as well. This fact was reinforced by Jerome Bernstein, of the Office of Economic Opportunity Community Action Programs. He visited Woodlawn, encouraged the submission of a proposal to

the Office of Economic Opportunity (O.E.O.), but insisted that no funds would be awarded unless T.W.O. made an effective liaison with the gangs. Additionally, there had to be assurance that both youth organizations would work to keep peace.

The liaisons were made. The leaders of both the Rangers and the Disciples were contacted and involved. A tenuous peace was created and maintained. The Office of Economic Opportunity was ready to grant funds for the project, but the city government balked, primarily because the funds were going directly to T.W.O., rather than through the Chicago Committee on Urban Opportunity (C.C.U.O.), which had been created as a conduit for all federal money coming in to poverty programs in Chicago. The compromise that was worked out between O.E.O. and the director of C.C.U.O. put some conditions on the agreement, one of which was that the mayor of Chicago would "concur" in the selection of the project director. That obstacle surmounted, the program was funded, and operation of the project began in the summer of 1967.

By September, classes had begun. With gang leaders spreading the word about the program, over one hundred youth had enrolled by October, and the program's popularity never waned throughout its year of operation. Gang members with good leadership skills worked as staff members for the project, helping not only with recruiting, but also with basic instruction and supervision. At four centers within the community, training, orientation sessions, counseling, and job placement were provided

for unemployed youth, with each receiving a small stipend while attending project classes. Throughout the life of the project, violence in the community was cut to the lowest level it had been in years. When other parts of the city were experiencing riots, Woodlawn's Blackstone Rangers took to the streets to assist police in keeping the peace.

Yet, throughout 1967 and 1968, the project faced continual harassment. It came first from the Chicago police (the Gang Intelligence Unit actually raided a meeting at T.W.O. headquarters being attended, not only by gang leaders, but by T.W.O. staff and Jerome Bernstein of the O.E.O., and that was only the first in a long series of incidents). Trouble came next from City Hall (the mayor refused to concur in the appointment of <u>any</u> project director chosen by T.W.O., so the program was forced to struggle along under the leadership of an acting director and without any support from other local youth agencies). Press harassment followed, with the Chicago Tribune launching an attack on the program that alleged fiscal mismanagement and insisted on the firing of all project staff with criminal records (the very people T.W.O. had tried hardest to involve).

The General Accounting Office's careful audit of the project records found no mismanagement, but that did not stop the attacks. Finally, the Senate Committee on Governmental Operations, under Senator John McClellan, entered the picture, investigating the T.W.O. project and other activities of gang

members. Although accusations were made against both the Youth Demonstration Project and the First Presbyterian Church, which served as an informal Ranger headquarters, no misdeeds were ever proven. The O.E.O. supported the project to the end of the year (1968), but did not provide funding for a second year.

In that one short year, T.W.O. had proven that gang members could be involved in a constructive project. It had proven that many segments of the community could work together. It had proven that peace could be kept, and that the youth of Woodlawn would respond to an opportunity to learn and work.

The Education Project

The Woodlawn Organization turned again to a consideration of the needs of youth when they learned that the University of Chicago had submitted to the United States Office of Education a proposal for a research and development center that would study urban schools, particularly those in neighboring Woodlawn. Because the University had failed to consult The Woodlawn Organization before developing this proposal, T.W.O. informed the Office of Education that community support for the project would not be forthcoming. The University was told that the federal government would not fund their proposal unless cooperation was developed with the community, and also with the Chicago Public School System.

In response to this, the Woodlawn Community Board (W.C.B.) was born, and what had begun as a negative response to University

insensitivity grew into a positive effort in cooperation and creativity. The Woodlawn Community Board included seven representatives from the University, seven from the school district, and seven from T.W.O. Each group of seven could caucus before a vote on any issue; each group casting a single vote, had the right to veto any action.

It was this board that created and secured funding for a short-term project that would lay the groundwork for long-range efforts. Willard Congreve, of the University of Chicago; Anthony C. Gibbs, of T.W.O.; and Lorraine M. Lavigne, of the Chicago Public School System, worked together to identify the pressing needs of the Woodlawn schools. The project proposal that emerged after their research suggested the creation of an experimental stream of public schools selected from existing schools in the Woodlawn community. Three schools, covering kindergarten through twelfth grade, would be identified as the Experimental School District, where the new focus of education would be "people helping people." Parents and community members would join with professional educators and students in developing plans, solving problems, and carrying out educational activities.

T.W.O.'s leadership knew that there were problems involved in the carrying out of this plan, primarily because the placing of the experimental school district within the Chicago Public School System failed to provide adequate safeguards for community control. A compromise, requiring that the director of the

experimental district "obtain the advice, counsel, recommendations, and concurrence of The Woodlawn Community Board" prior to making policy decisions was finally accepted, and the Woodlawn Experimental Schools Project (W.E.S.P.) was funded for a three-year period.

Under W.E.S.P., broad community involvement began to take place, both through the hiring of community agents who worked to enhance school-community relations and through the intensifying of community interest in all aspects of the schools' efforts. Yet, problems did occur, primarily because of the necessity to maintain the experimental stream within the school district. While T.W.O. did have effective control over the Woodlawn Community Board, and while the director of the Woodlawn Experimental Schools Project did report to the W.C.B., neither W.E.S.P. nor its directors had full control over the management of the schools themselves. That had to be shared with the school district administration, making every attempt toward change a struggle.

When Title III funds ran out, the school district and the city failed to institutionalize W.E.S.P., but instead allowed a parallel Model Cities educational plan to develop without citizen input.

Model Cities

When the Department of Housing and Urban Development announced the "Model Cities" program, the intent was clear.

All programs attempting to meet the needs of a proverty community would be coordinated, rather than fragmented, and the comprehensive plan for this coordinated effort would be developed in concert with community members.

Chicago's Model Cities program was developed by city agencies, without the benefit of active, representative citizen boards. T.W.O. could not have impact on the city's plan, but it could develop a plan of its own and attempt to have that plan approved by the Woodlawn Model Area Planning Council, by the city, and by HUD. Chances for this were slim, but the people of Woodlawn, working closely with volunteers from the University of Chicago, began developing a document to lay out real solutions for their community.

A number of committees worked in response to the citizen input received at well-attended public hearings, and T.W.O. and the University consultants developed a document that pointed up current problems and suggested goals, objectives, and strategies for change.

T.W.O.'s Model Cities Plan's statement of goals for the community included the following (TWO, 1970, p. 62):

1. Education of the young, including new opportunities for education outside the school. This constitutes the central goal for the undertaking because it sets in motion the processes of long-term self-revitalizing of the community.

2. Employment, however, represents a coordinate focus because it emphasizes both long-range economic development and the

more immediate objective of dealing with the large number of unemployed young adults.

3. Income maintenance and social services, in turn, provide the financial and social assistance needed by those persons who by reason of physical or social disability or family responsibility find themselves without necessary resources.

4. A decent home and a suitable living environment for every family remain unachieved in Woodlawn. The program undertaken to achieve the first three goals ultimately must be evaluated largely by its ability to fulfill this unkept promise.

Most importantly, Woodlawn's plan saw these complementary goals as providing the underpinning for any and all attempts to deal with the community's special problems. No longer would each professional group or special interest be able to devise its own set of priorities or impose its own interpretation of Woodlawn's needs. Instead, "these stated goals and objectives would constitute a statement of priorities when specific resources are allocated and would be the basis for influencing the character of all constituent program elements in health, welfare, social service, law, and other fields." (TWO, 1970, p. 62)

The preferred strategies for implementation were also clear:

--Citizen responsibility--not just participation--would be a guiding principle.

--Community members using services would act as freely choosing consumers, rather than as dependent clients.

--Nonprofessionals and semiprofessionals would perform much of the work previously done by professionals.

The organizational concept for implementing these strategies would involve a core and outreach system.

The "core" would be a non-profit, public corporation with membership open free of charge to all Woodlawn residents. This corporation would engage in long-term planning and development, would receive funds, and would operate its own facilities or contract with other agencies for service provision. It would also provide back-up for an extensive "outreach" system that would provide nonprofessional human services throughout the community.

The Woodlawn community's own Model Cities Plan was not the one accepted by the city and funded by the Department of Housing and Urban Development. As we examine T.W.O. of the 1970's, however, it is clear that many aspects of that program have gradually been put into effect as the organization has come into its own as a leader in citizen-based community development.

COMMUNITY ORGANIZATION AND DEVELOPMENT

The Woodlawn of the 1970's is a community that has learned to take the leadership in meeting its own needs and in improving the quality of life of its own residents.

In 1972, T.W.O. created the Woodlawn Community Development Corporation (W.C.D.C.) to "develop long- and short-range programs in the areas of real estate development and management, commercial development, manpower training and education, neighborhood improvement and conservation and health on behalf of the Woodlawn community" (T.W.O., 1976, p. 2).

The W.C.D.C. is a non-profit agency, but it can operate profit-making businesses and funnel the profits into community services. Now, the people of Woodlawn can determine the kinds of services they need and ensure that those are the services they will receive. T.W.O./W.C.D.C., which remains, as always, a "people's organization," now creates and maintains a variety of its own programs.

It is interesting to consider the scope of these programs by listing them in terms of the goals that the people of Woodlawn set forth a decade ago in their Model Cities plan: education of the young; employment, particularly for young adults; income maintenance and social services; and decent homes and living environments.

Programs for Children and Youth

Early Childhood Development

T.W.O./W.C.D.C. operates both a day care center and a Head Start program, providing service to hundreds of pre-school children.

Youth Services

Programs included youth advocacy and services to status offenders and their families.

Adoption and Foster Care

Through Homes/Ltd., adoptive homes for children have been found for several years. Additionally, assistance for foster families is now being provided, with all of these programs falling under the auspices of the Woodlawn Child Care Institute.

Child Abuse

T.W.O./W.C.D.C. has moved into the area of child abuse prevention, developing family counseling services for prevention and for crisis situations.

Employment

Manpower/Training

T.W.O.'s traditional interest in training and job placement, particularly for the young, has been expanded. First through the Woodlawn Career Vocational Institute, and now through the model Multi-Service Agency, services include job development, counseling, skill training, remedial education, on-the-job training, and job placement.

Public Service Employment

T.W.O./W.C.D.C. has been able to provide jobs for many

unemployed residents through Public Service Employment funding. In addition, CETA funds have been used as the basis for job slots for unemployed seniors.

Income Maintenance and Social Services for Special Populations

Counseling and Consumer Education

T.W.O.'s budget counseling service has been enhanced by the Food Stamp counseling program, which provides outreach services to many families.

Services to Seniors

A range of services is being provided for seniors, with emphasis on organizing senior citizens as an interest group.

Developmental Disabilities

Work is being completed on the development of a group home for Woodlawn citizens with developmental disabilities, so that these community members, too, can receive the services they need within the boundaries of their own neighborhood.

Individual Problems

T.W.O. continues to act as advocate for individual citizens seeking assistance with unique problems.

Real Estate Development

Woodlawn Gardens

T.W.O.'s first housing accomplishment, Woodlawn Gardens,

has been in existence since 1969. The residential complex also includes a small commercial section.

Jackson Park Terrace

Jackson Park Terrace apartments include townhouses, a high-rise, and a mid-rise. Subsidies for low income families allow for a heterogeneous mixture of tenants.

Woodlawn Redevelopment #2

In addition to building new structures, the organization has taken on the task of renovating existing structures and renting them. Rented sites are now scattered throughout the community.

Park Shore East

Another major development, Park Shore East, is presently in its developmental stages. When completed, the complex will include residential and commercial units.

Home Improvement Loans

It is hoped that the Home Improvement Loan Program, providing loans to home-owners in conservation areas of the community, will expand in the coming years.

Commercial Ventures

Many profit-making ventures now help to support the services being provided to Woodlawn citizens. Companies such as the T.W.O./Hillman's Supermarket, the T.W.O./Maryland

Theatre, the Observer Newspaper, and the T.W.O. Security Service have provided high-quality goods and services to the community, while remaining good financial investments as well.

TOWARD THE FUTURE

Woodlawn still has problems that need to be solved and a great deal of work that needs to be done. Yet, things are different now, for everyone in Woodlawn knows that the solutions to those problems--right or wrong--will come from them, and will not be imposed by some external force.

> The standard (and accurate) narrative is to refer to Woodlawn as a mile-square black ghetto on the south side of Chicago immediately to the south and adjacent to the University of Chicago. Its houses are substandard, its people poor. It has less than its share of jobs, income and vital services, and more than its share of dependence, dirt, disease and early death...However, there is an important "difference" which distinguishes Woodlawn...<u>The Woodlawn Community has a voice...</u>
> (T.W.O., 1970, p. 28)

REFERENCES

Alinsky, S. D. Reveille for Radicals. New York: Vintage Books, 1969.

Brazier, A. M. Black Self-Determination: The Story of The Woodlawn Organization. Grand Rapids: William B. Eerdmans Publishing Company, 1969.

Fish, J. H. Black Power/White Control: The Struggle of The Woodlawn Organization in Chicago. Princeton: Princeton University Press, 1973.

Leber, Blakely, Farrell, and Profrock. The Woodlawn Cooperative Project. Chicago, 1959 (cited in A. Brazier).

Silberman, C. E. Crisis in Black and White. New York: Random House, 1964.

T.W.O. The Woodlawn Organization/Woodlawn Community Development Corporation: Organizational Report for 1976. Chicago: T.W.O. Files.

T.W.O. Woodlawn's Model Cities Plan: A Demonstration of Citizen Responsibility. Northbrook, Illinois: Whitehall Company, 1970.

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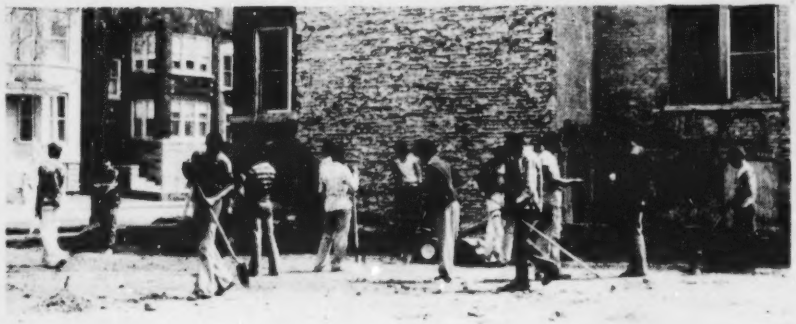

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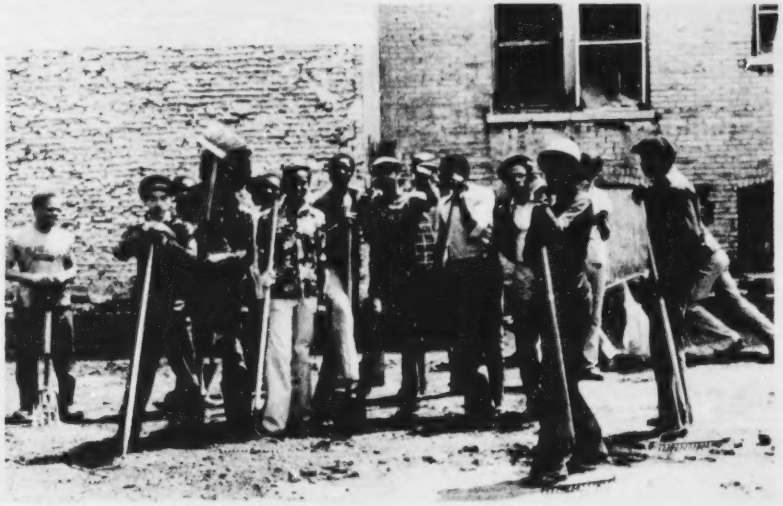

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COMMUNITY MENTAL HEALTH: TRAINING TO MEET WOODLAWN'S NEEDS

CHAPTER II

COMMUNITY MENTAL HEALTH: TRAINING TO MEET WOODLAWN'S NEEDS

> TWO's greatest contribution... is its most subtle: it gives Woodlawn residents the sense of dignity that makes it possible for them to accept help. For help now comes...not as the result of charity but as the result of their own power.
>
> (Silberman, 1964)

A mental health program for the Woodlawn community can succeed only if it is based on the key concept of self-determination for consumers of services and for all citizens. A training program for mental health workers in the Woodlawn community can succeed only if it, too, is built on the foundation of self-determination. Woodlawn needs, not outside experts, but indigenous leaders to plan for the meeting of its mental health-related needs.

WOODLAWN AND COMMUNITY MENTAL HEALTH

An examination of Woodlawn's recent history makes it clear that its citizens have already made their wishes known.

The guidelines for effective mental health approaches in the community become apparent when we consider the activities of The Woodlawn Organization, which represents the citizenry, and the words of its spokesmen.

1. The people of Woodlawn desire to prevent mental health problems by improving the quality of life within the community.

From its inception, The Woodlawn Organization has turned away from the "medical model," which sees service consumers as patients who must be cured, and toward a "preventive model," which assumes that a whole range of problems can be avoided if people have the chance to live in decent surroundings, to gain a sense of pride through work, to grow through learning, and to control their own destinies.

This orientation was an underlying factor in the original use of Alinsky's organizational model. It became even clearer when the T.W.O. Model Cities plan included a set of broad, quality-of-life goals that "would be the basis for influencing the character of all constituent programs in health, welfare, social service, law and other fields" (T.W.O., 1970, p. 62).

T.W.O. showed a commitment to turn away from the medical model in its approach to the gang warfare of the mid-1960's. There was tremendous pressure to deal with the problems by seeing the youngsters as a diseased appendage that had to be amputated from the total body of the community. Instead,

Brazier and the other community leaders of the time recognized that violence, like most other problems, could be prevented. The Youth Demonstration Project was developed to offer other options to youth, and provides one example of the preventive approach in human development.

The kind of preventive approach providing the basis for much of T.W.O.'s work is becoming increasingly respectable in the professional mental health literature as well. Sauber, for instance, points out that

> Mental illness is social, not only in definition but also in origin. Proximal variables such as child-rearing practices, family interaction, parental loss, peer groups, race, socioeconomic status...are all social factors playing a role in the etiology of mental illness and health. This social matrix theory gains support from recurring evidence that different population groups differ in frequency and type of mental illness. (Sauber, 1973, p. 79)

The effects of this interplay between social and psychological factors are felt most clearly among the urban poor.

> A growing body of data demonstrates that mental health is most likely to suffer when the environment is marked by the poverty and hopelessness so often found in our worst neighborhoods. For example, a child of parents at the bottom of the socioeconomic scale who comes into the world with the same basic intellect as a child of parents at the top is less likely, for lack of stimulation and opportunity, to develop it. Moreover, poverty often interferes with the development not only of intelligence but also of a healthy personality. (National Institute of Mental Health, 1969, p. 2)

We know, of course, that even the most concerted attack on poverty could not eliminate the occurrence of mental illness.

We also know, however, that attempts to deal with mental health issues in urban slums must first focus on improvement of the quality of the residents' social, political, and economic life.

> ...The legitimate area of concern of the mental health professional has been extended to include not just individual problems but also problems affecting the entire community and not just treatment of disorders but also improvement of the quality of life. (Bloom, 1975, p. 256)

2. <u>In keeping with their interest in the prevention of mental health problems, the people of Woodlawn have chosen to stress services to families, children, and youth</u>.

Woodlawn's tremendous concern for the well-being of its children has been shown throughout T.W.O.'s history. One of the first major issues that drew widespread community support involved the quality of the district's public schools, and in the organization's evolution "from protest to program," T.W.O. moved from political protest against inadequate education to the development of solid solutions like the Woodlawn Experimental Schools Project.

Right now, a major portion of T.W.O.'s resources is being utilized in programs serving children and families, including early childhood development, youth advocacy, family services, child abuse prevention, and attention to adoption and foster care. The organization has also pushed heavily for preventive programs for children in cooperative ventures with other agencies. For example, when the Woodlawn Mental

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Health Center began operation in 1963, The Woodlawn Organization mobilized community support. Members of T.W.O. acted as a "watchdog committee" and organized a citizens' advisory board that played an exceptionally active role in formulating the center's policies (Kellam, Branch, Agrawal, and Grabill, 1972; Kellam and Branch, 1971).

Through the board's insistence, an immediate priority of the Woodlawn Mental Health Center became the development of a program of prevention and early treatment for first-grade children. Each child's social adaptation and sense of well-being were assessed, and interventions planned and evaluated. Longitudinal studies based on that initial orientation continue to this day (Kellam, Ensminger, and Turner, 1977).

Woodlawn citizens are concerned about the development of thein young people, not only for the sake of the children themselves, but because they are the key to "the long-term self-revitalizing of the community" (T.W.O., 1970, p. 62). At the same time, they know that approaches involving families are necessary, both because family disruption causes mental health problems (Bloom, 1975, pp. 88-95) and because strong extended family relationships can provide the support needed for the development of positive mental health (Kaplan and Roman, 1973, p. 221).

3. <u>When problems do arise, Woodlawn residents hope to solve them within the boundaries of the community</u>.

T.W.O. has been an exercise in the elimination of outside control. The concept of the "people's organization" involves a recognition of the fact that solutions imposed on a community by others fail to provide real assistance and, at the same time, make community members dependent, rather than independent.

While the people of Woodlawn have insisted on community control of all projects within the boundaries of their neighborhoods, they have also insisted on providing help within those boundaries for community members needing special assistance. They have, whenever possible, avoided exporting troubled individuals out to distant institutions for help. Instead, they have kept them within reach of their families and friends.

To a great extent, this has been accomplished through cooperative efforts with specialized agencies in Woodlawn. T.W.O.'s youth and family programs, for instance, work closely with the school district, the police department, the Illinois Department of Public Aid, the Department of Human Services, the Chicago Urban League, the South Shore Commission, the Hyde Park/Kenwood Community Conference, the Woodlawn Mental Health Center, the Mandel Legal Aid Clinic, the Planned Parenthood Association, the YWCA, the Woodlawn Child Health Clinic, and the University of Chicago-Wyler Children's Hospital.

The organization has also moved to provide direct services through its own subsidiaries. T.W.O. runs an alcohol detoxification unit, for instance, and is also in the process of creating a Specialized Living Center in the heart of Woodlawn. The Specialized Living Center, which will provide for the needs of developmentally disabled adults, will be based on the concepts of "normalization." Each resident will have a living environment that approximates, to the degree possible, the cultural norms of the rest of the community. Each resident will learn skills to maximize independence. Each resident will have the chance to interact with the community and to use the neighborhood's resources for vocational, medical, shopping, recreation and religious services (T.W.O., undated, p. 2)

The concepts of "normalization" are not at all foreign to The Woodlawn Organization. The ideals of normalization involve provision of the least restrictive possible option for each individual, the safeguarding of human rights and dignity, the elimination of negative stereotypes, and the creation of life conditions that are at least as good as those enjoyed by the average citizen. These goals and those of the Woodlawn community coincide, making the idea of community-based, normalizing services in Woodlawn a realistic alternative for citizens with special needs.

4. Mental health programs in Woodlawn should stress the use of self-help groups, rather than professional interventions.

The Woodlawn Organization has always welcomed professional expertise in the form of technical assistance, but never in the form of control over service planning or delivery. This was true of the initial use of the Industrial Areas Foundation to provide organizing assistance and remained true when students and faculty of the University of Chicago helped to develop T.W.O.'s Model Cities Plan.

In the field of mental health, professional expertise may be needed at times, but utilization of peer group support for individuals facing problems may hold more promise for long-term effectiveness. Kaplan and Roman (1973, p. 221) point out that the power of the peer group has been used effectively in many programs in disadvantaged areas, both because of the personal support provided to each participant and because potential consumers tend to be uninterested in long-term, individual treatment. In their own program, Kaplan and Roman used indigenous nonprofessionals as adjunct members of the group leadership teams, and stressed task-oriented, activity meetings, rather than depending on therapeutic verbalizations.

Several factors that seem to make self-help groups effective in mental health have been identified (Steele, 1974, p. 106):

1. Reference identification is to a peer group.

2. Attitudes are altered through emphasis on action and experience.

3. Communication is facilitated by peers; members do not have to overcome initial cultural, social, and educational barriers.

4. Opportunities for socialization are improved.

5. Group action, free and open discussion, and confrontation by peers help to remove individual defensiveness.

6. Because members are from the same community, they are better able to provide emotional support and understanding.

7. Status is not such a problem with peer group members as when different classes are represented.

8. In self-help groups some semblance of conditions existing in the outside world appears in the group.

The members of the Woodlawn community learned some time ago that they would have to depend on themselves for the solution to their community's problems, and that they would have to find ways of helping one another through difficult individual situations. In the realm of mental health, this approach remains practical and becomes therapeutic as well.

5. Mental health programs in Woodlawn must be integrated into a human service network.

The ideal put forth by The Woodlawn Organization in its original Model Cities plan involved an outreach system that would provide human services in locations scattered throughout the neighborhoods. Each location would provide practical

assistance to community members by community members. There would be no sub-division into type of service offered or type of professional employed. Instead, all services would be integrated and would play a role in meeting the community's long-range goals of education, employment, provision of resources, and suitable living environment.

Since that citizen-developed plan was completed, T.W.O. has gained considerable experience in the creation and implementation of services. In every case, the attempt has been to provide comprehensive services and practical solutions for immediate problems, whether those problems have been economic or psychological in nature.

The people of Woodlawn are not unusual in their insistence that services be practical and well-integrated. Kaplan and Roman (1973), in the Lincoln Hospital Community Mental Health Center, found that psychiatric patients often came to Multi-service Centers for help with social or economic problems, and that this provided the best opportunity for intervention regarding emotional problems.

> The use of a walk-in social service facility in collaboration with clinical programs housed in a neighborhood storefront was an outreach program aimed at preventing mental illness... Short-term treatment approaches were stressed. Whether focused upon "crisis intervention" or upon intervention during the exacerbation of chronic illness, these time-limited treatment contacts emphasized problem-solving and attention to realistic situational stresses. Comprehensive services, in addition to social service resources,

> included vocational rehabilitation programs and collaboration with other health caretakers... (Kaplan and Roman, 1973, p. 219)

Integration of mental health services with social/economic services helps to bring people to an agency for psychological assistance that they might not normally seek. Additionally, the existence of strong linkages among services makes it possible for consumers to obtain all of the help they need without becoming lost in a maze of separate agencies and institutions.

6. Mental health programs must be based on an understanding of the people's need for "empowerment" in all aspects of their lives.

The lack of power is, itself, a major mental health problem. People--as individuals and as communities--need power, not necessarily over others, but over their own lives. Mental health demands self-esteem, and self-esteem depends on feelings of power and competence, on the belief that one's own behaviors can affect the world (Bloom, 1971; Ryan, 1967).

"Empowerment," or allowing people to maintain and use the power to which they are entitled, is closely related to mental health. This has long been known to The Woodlawn Organization, which places the winning of self-determination for its members as its highest priority. Yet, few mental health professionals realize, with Kenneth Clark, that

> If the ghettos are to be transformed, then forces superior to those which resist change must be mobilized to counteract them. The problem of change in the ghetto is essentially, therefore, a problem of power--a confrontation and conflict between the power required for change and the power resistant to change. (Clark, 1965, p. 199)

There can be no lasting change in Woodlawn unless the people maintain their struggle to equalize the power over the community's life. And without change and growth in the community as a whole, there can be little positive change in the individuals who make their homes there.

7. Mental health services in Woodlawn should be controlled by indigenous community members.

The people of Woodlawn have continually demonstrated a commitment to gain whatever expertise is needed to control their own programs. They have learned to develop their own land, to manage their own properties, to deliver their own social services, to plan for the education of their young, to counsel and place their unemployed youth. They first learned to do these things because there was no other way to safeguard their community. Once they had tasted self-determination, however, there could be no turning back. The twenty-year plan makes that abundantly clear.

T.W.O.'s Model Cities Plan provided, as an "affirmative extension of the principle of citizen responsibility," that, whenever possible, nonprofessionals or paraprofessionals would

perform the tasks previously reserved for professionals. This approach has been used in staffing all of their programs since that time.

It is most important, however, that paraprofessionals recruited from among community members play a key role, not just in delivering services, but in planning and evaluating them. It is now accepted as fact that community members drawn from low-income localities like Woodlawn can provide effective helping services to their neighbors (Hallowitz and Riessman, 1967; Delworth, 1974; Pearl, 1974). If indigenous community members can provide effective services because of their ability to communicate with other community members, they should also have the ability to take leadership positions in planning programs that meet real local needs. Close ties to the community become most important when the agency seeks to assess needs, to ensure citizen participation, and to evaluate the effectiveness of its programs.

THE COMMUNITY MENTAL HEALTH LEADER

Woodlawn, and similar communities throughout the nation, can have the kinds of mental health services they want and need. To accomplish this, however, they must follow the example of community organizers and let indigenous leaders rise to the surface. These potential leaders can be trained, with technical assistance from the educational institution,

to develop and implement responsive mental health programs.

In Woodlawn, the community mental health leaders being trained will serve in many capacities. They will be brought in to present agencies, particularly multi-service agencies, to create mental health service components and integrate them into the social service network. Thus, mental health components will be strengthened in agencies presently providing services in family counseling, youth counseling, vocational development and placement, senior services, health services, alcohol detoxification, child development, and services to the developmentally disabled. Others will work under the auspices of The Woodlawn Organization, assessing the needs of the community at large and creating new programs with the help of citizen boards.

In all cases, they will work to bring to fruition the concept of the community-based mental health agency.

> ...It serves needs as defined mainly by those who experience them rather than by "higher" or "impartial" authorities; and serves them in ways whose appropriateness and quality is evaluated mainly by those who experience this service rather than those who supply it or whose profession is to evaluate it. As part of its function is to enable members of its immediate community to serve each other, it recruits and trains them to staff and administer its operations, coming increasingly to depend on them for this; and also works to educate and to support community people to perform as much of its service as directly among themselves (rather than through it) as is possible. Its financing and other supports are controlled, to a significant extent, by the community it

> serves, and come increasingly to be provided directly by or through this community. It works actively to help the people it might serve learn how to use and to influence its service. It is formally open and informally responsive to participation, by the people it serves, at every level of decision-making involved in its service, from the way individual clients are dealt with to staffing, evaluation, finance, program and long-range policy decisions; and it invites this participation actively. (Rossman, 1977, p. 7)

Whether they report to work in existing agencies or seek to develop totally new approaches, whether they are paraprofessionals being upgraded or community members new to the mental health field, all of the newly trained mental health leaders will share a role that is based, in its totality, on the community's own mental health goals and guidelines.

1. <u>The people of Woodlawn desire to prevent mental health problems by improving the quality of life within the community</u>.

In keeping with this priority, one aspect of the community mental health leader's role will be his or her participation in community-based social planning.

> Effective planning involves assessing the needs of the community, setting priorities, identifying available resources, and developing facilities or programs to meet the needs that have been identified. Social planning is used both to solve problems that have become apparent in the community and to create services meant to improve the quality of life for community members. (Lewis and Lewis, 1977, p. 123)

Community mental health leaders will, of course, participate

in planning related to the human service network. Just as importantly, however, they will also participate in urban/political/economic planning, bringing a mental health focus to decisions concerning even the physical aspects of the environment, such as housing and commercial development.

Training Implications

The mental health leaders are trained in the milieu of the total community. They develop the ability to view an urban setting from political, historical, economic, and sociological viewpoints; to be aware of the systems that make up an urban community; and to examine the effects of these systems on individual growth and development. Trainees are exposed to the concept of epidemiology as it relates to mental health, with emphasis on needs assessment and preventive programming.

Basic Required Competencies

In order to perform the community-based social planning role, trainees must develop the following competencies:

(a) The student is able to set goals and objectives based on identified needs.

(b) The student devises realistic plans for meeting objectives.

(c) The student is able to set up an evaluation plan that includes data collection methods.

(d) The student demonstrates the ability to identify preventive methods of dealing with community problems.

(e) The student describes possible mental health effects of given environmental decisions.

2. <u>In keeping with their interest in the prevention of mental health problems, the people of Woodlawn have chosen to stress services to families, children, and youth</u>.

Community mental health leaders (CMHL's) will play a role in planning and evaluating child-oriented programs and family services in currently operating agencies dealing with youth advocacy, family counseling, adoption and foster home placement, and child abuse.

In addition, CMHL's will develop preventive programs to be made available to community members. These programs will focus on training for parenting, utilizing group methods and parent leaders, and on supportive counseling for families in crisis.

<u>Training Implications</u>

Each trainee is exposed to a number of alternate theories of human development and to a number of preventive group approaches. In addition, each student is expected to gain a deeper knowledge of one approach, and to practice this approach in a laboratory setting. Attention is paid both to

child and family studies and to practical planning approaches.

Basic Required Competencies

In order to perform those aspects of the mental health leadership role related to families, children, and youth, trainees must exhibit the following basic competencies:

(a) The student demonstrates general knowledge of several human development theories,

(b) The student demonstrates in-depth knowledge of one human development theory,

(c) The student is able to carry out a group-oriented approach to parent training,

(d) The student plans an appropriate intervention for one family- or youth-oriented problem.

3. When problems do arise, Woodlawn residents hope to solve them within the boundaries of the community.

Community mental health leaders will plan services for individuals with special needs, including those with developmental disabilities, handicaps, or previous institutionalization. Since these services will be based primarily on normalization principles, mental health leadership will include planning for normalized group settings, working on individual development plans for consumers, and providing for community education.

Training Implications

Training includes intensive workshops providing basic

awareness of normalization principles. Students examine the philosophical concepts upon which normalization is based, visit several human service settings, and evaluate these settings in terms of the life conditions being offered. Students are also asked to practice the development of plans allowing for the least restrictive possible options for individuals and groups.

Basic Required Competencies

In order to provide services within the community for individuals with special needs, mental health leaders must develop the following basic competencies:

(a) The student evaluates a program through use of the Program Analysis of Human Service Systems (PASS) tool,

(b) The student writes an individual development plan to maximize the potential, normative development, and community integration of a consumer with special needs,

(c) The student develops a written statement delineating the rights of individuals with developmental special needs.

4. Mental health programs in Woodlawn should stress the use of self-help groups, rather than professional interventions.

The community mental health leaders are all indigenous

community members, making it possible for them to play an important role in the encouragement of self-help. CMHL's will be called upon to facilitate ongoing self-help groups and to take the leadership in beginning new groups or projects that will subsequently be led by others. In essence, this mental health guideline calls for a strong orientation toward work with small groups.

Training Implications

Students are heavily involved in training in the area of group dynamics, with stress being placed on group leadership, group participation, and process observation. In most instances, students participate in group experiences which are then followed up by analysis of the group process. Each student is also required to analyze group dynamics outside the classroom as part of the practicum experience.

Basic Required Competencies

In order to fulfill their group facilitation roles, CMHL's must demonstrate competency in the following areas:

(a) As a group participant, the student is able to develop a problem solution using cooperative problem-solving techniques,

(b) As a process observer, the student is able to define and identify group norms, group and individual goals, task and maintenance roles, content and

process,

(c) As a group leader, the student is able to recognize his or her own leadership style and maintain a group that is effective in democratic decision-making.

5. **Mental health programs in Woodlawn must be integrated into a human service network.**

In Woodlawn, as in other poor, urban areas, many service consumers have difficulty learning about what services are available and how they can best use them.

> Poor people, sick people, and disadvantaged people do not have the cultural, psychological or educational resources to thread their way without guidance through the tangle of agencies, procedures, regulations, restrictions and expectations in the complex mental health service delivery system. They do not need more finely sub-specialized technicians who work within a narrow range of highly developed skills--they need a single individual they can trust and who can help them to contact and work with many specialists and agencies now available. (Community College Mental Health Workers Project, 1969)

The community mental health leaders will help to ensure that the function of linking people with appropriate services is performed. Most importantly, the CMHL's will ensure linkages among mental health, social service, health, educational, and employment agencies and programs. They will create and staff outreach facilities that provide practical assistance to people needing help, and will build networks based on the

problem-solving capacity of The Woodlawn Organization.

Training Implications

The Woodlawn Organization presently plays a strong role in advocacy and problem-solving on behalf of individual community members. Training for the community mental health leaders includes direct participation in these activities, as well as intensive study of the Woodlawn community, its problems, and its resources. Each student interviews human service workers in local agencies, with information-sharing then taking place among students. Additionally, students examine the networking concepts of the human services, and learn to define the differences between a human services approach and a specialized approach.

Basic Required Competencies

In order to provide for effective human service networking, CMHL's must demonstrate the following basic competencies:

(a) The student is able to define and describe the human services available in the Woodlawn community and adjacent areas,

(b) Given a situational example, the student is able to describe the services to which a consumer should be linked,

(c) The student defines the holistic human services

approach and makes a distinction between this approach and a specialized approach based on professional or population limitations.

(d) In writing, the student provides a general plan for the networking of services presently fragmented in the community.

6. Mental health programs must be based on an understanding of the people's need for "empowerment" in all aspects of their lives.

The community mental health leaders will continue to base a major part of their work in community action for change. Part of this thrust will be in their support of community action toward the solving of political/economic/social problems. Another major portion will be the adaptation of community organization tactics to improve the responsiveness of mental health-related agencies. These related aspects of change agentry will be utilized both by CMHL's employed by specialized agencies and by those working in the community at large.

Training Implications

In examining the knowledge base for community organization, first-hand experience is most useful. Community members who played major roles in the successful organizing of Woodlawn share their experiences with program participants, providing vivid historical examples and helping students to generalize

from these examples.

In addition, students work intensively in the area of mental health agency change. Each student, utilizing the guidelines developed by Rothman, Erlich, and Teresa (1976), plans, carries out, and evaluates change projects related to the practicum setting.

Basic Required Competencies

The following competencies are required for the mental health worker to perform the change agent role:

(a) The student plans, carries out, and evaluates a change project developed initially in a partial segment of the target system,

(b) The student plans, carries out, and evaluates a change project that successfully brings supportive groups into the organization or increases the influence of supportive groups already in the organization,

(c) The student successfully increases community participation in a task or project by increasing the benefits of participation,

(d) The student develops and defines a change-oriented role that is understood by agency workers and community members.

7. Mental health services in Woodlawn should be controlled by indigenous community members.

The raison d'etre of the entire project is the necessity for absolute self-determination for the community and its members. Community mental health leadership will, as a result of the training program, come from within the immediate locale. It must be expected, then, that the trained CMHL's will move into managerial positions in mental health and related human service agencies, performing tasks such as planning, budgeting, supervision, public relations, and writing proposals and reports.

Training Implications

Attention is paid in the training program to teaching the specific skills involved in public management. More important, however, is the effort to help students perceive of themselves as potential leaders and managers. For this reason, practice in problem-solving, supervising others, and writing reports is stressed, both in the seminar environment and in the practicum setting.

Basic Required Competencies

In order to be prepared for managerial roles, students must exhibit the following basic competencies:

(a) Given an example of a community problem, the student successfully leads a group in planning

long- and short-range solutions,

(b) Given a community problem, the student writes a clear and coherent proposal for problem solution, including a realistic budget and clearly planned allocation of resources,

(c) In the seminar setting, the student presents a clear verbal description of one set of human service functions,

(d) The student presents a clear and convincing written report describing his or her activities in the solution of a community problem and evaluating the success of these activities in accomplishing objectives.

THE TRAINING PROGRAM

In order to attain the competencies needed for community mental health leadership, students recruited from among Woodlawn community members participate in an intensive, one-year program of study. This program of study includes three training components:

1. The Seminar, a full-day, weekly workshop taking place on-site at The Woodlawn Organization,
2. The Practicum, a supervised experience, related to the seminar content and taking place in a mental

health-related human service or community organization setting,

3. The Independent Component, requiring directed individual projects and written reports by each student.

Each set of related competencies forms one module. Each module includes seminar, practicum, and independent components designed to assist students in reaching competency objectives. Successful completion of the full course of study provides the student with a Certificate of Achievement and 48 undergraduate semester units.

Most students in the program intend to obtain bachelor's degrees. The bachelor's degree requires a broad background in arts and sciences in addition to intensive work in the major. These background course credits are obtained through transfer credits, courses taken on-campus at the university, or credit received for prior experiential learning. Although it is more convenient for students to have completed their background credits prior to entry into the training program, this is not a requirement of the project. Many students complete the Community Mental Health Leadership competencies and subsequently complete other bachelor's degree requirements.

The following chapter provides an outline of the curriculum followed in the Community Mental Health Leadership training program.

REFERENCES

Bloom, B. L. "Strategies for the Prevention of Mental Disorders." G. Rosenblum, ed., Issues in Community Psychology and Preventive Mental Health. New York: Behavioral Publications, Inc., 1971.

Bloom, B. L. Community Mental Health: A General Introduction Monterey: Brooks/Cole, 1975.

Clark, K. B. Dark Ghetto: Dilemmas of Social Power. New York: Harper and Row, 1965.

Community College Mental Health Workers Project. Roles and Functions for Mental Health Workers. Atlanta: Community College Mental Health Workers Project, SREB. 1969.

Delworth, U., ed., Paras, Peers, and Pros. Special Issue. The Personnel and Guidance Journal. December, 1974.

Hallowitz, E., and Riessman, F. "The Role of the Indigenous Nonprofessional in a Community Mental Health Neighborhood Service Center Program. American Journal of Orthopsychiatry, 37 (1967)

Kaplan, S. R., and Roman, M. The Organization and Delivery of Mental Health Services in the Ghetto: The Lincoln Hospital Experience. New York: Praeger Publishers, 1973.

Kellam, S. G., and Branch. J. D. "An Approach to Community Mental Health: Analysis of Basic Problems." Seminars in Psychiatry, Vol. 3, No. 2 (May, 1971), 207-225.

Kellam, S. G., Branch, J. D., Agrawal, K. C., and Grabill, M. E. "Woodlawn Mental Health Center: An Evolving Strategy for Planning in Community Mental Health." In Golann and Eisdorfer, eds., Handbook of Community Mental Health. New York: Appleton-Century-Crofts, 1972, pp. 711-727.

Kellam, S. G., Ensminger, M. E., and Turner, R. J. "Family Structure and the Mental Health of Children." Archives of General Psychiatry, September, 1977, Vol. 34, pp. 1012-1022.

Lewis, J., and Lewis, M. Community Counseling: A Human Services Approach. New York: John Wiley and Sons, 1977.

National Institute of Mental Health. The Mental Health of Urban America: The Urban Programs of the National Institute of Mental Health. U. S. Department of Health, Education, and Welfare. Washington, D. C., 1969.

Pearl, A. "Paraprofessionals and Social Change." The Personnel and Guidance Journal. December, 1974.

Rossman, M. "...Democratic." In L. Goldsmith and J. Unsicker, "What Makes a Community-based Agency Community-based?" C/O, Vol. 3, Issue 1, Spring, 1977, p. 7.

Rothman, J., Erlich, J. L, and Teresa, J. G. Promoting Innovation and Change in Organizations and Communities: A Planning Manual. New York: John Wiley and Sons, 1976.

Ryan, W. "Preventive Services in the Social Context: Power, Pathology, and Prevention." B. L. Bloom and D. P. Buck, eds.,

Preventive Services in Mental Health Programs. Boulder: Western Interstate Commission for Higher Education, 1967.

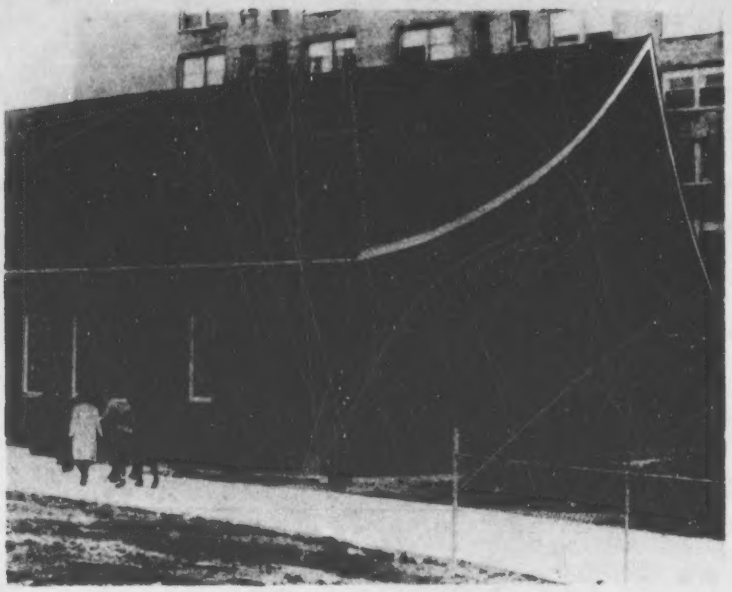
Sauber, S. R. Preventive Educational Intervention for Mental Health. Cambridge: Balinger Publishing Co., 1973.

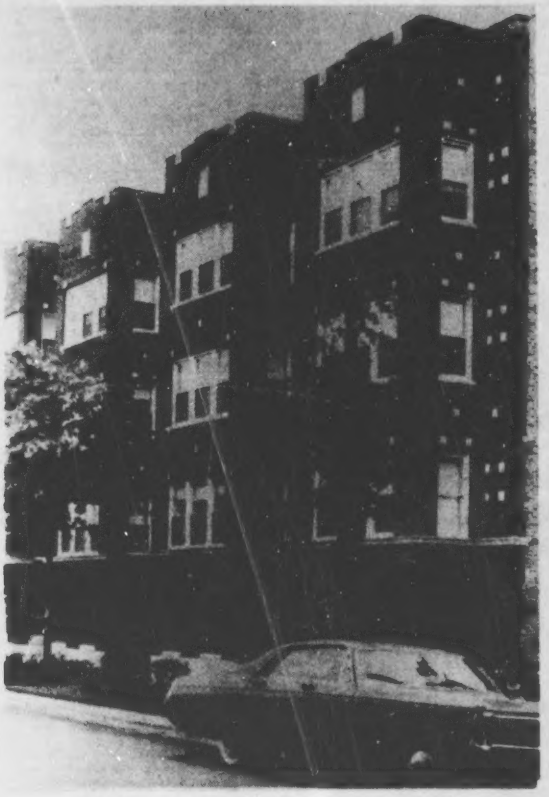
Silberman, C. E. Crisis in Black and White. New York: Random House, 1964.

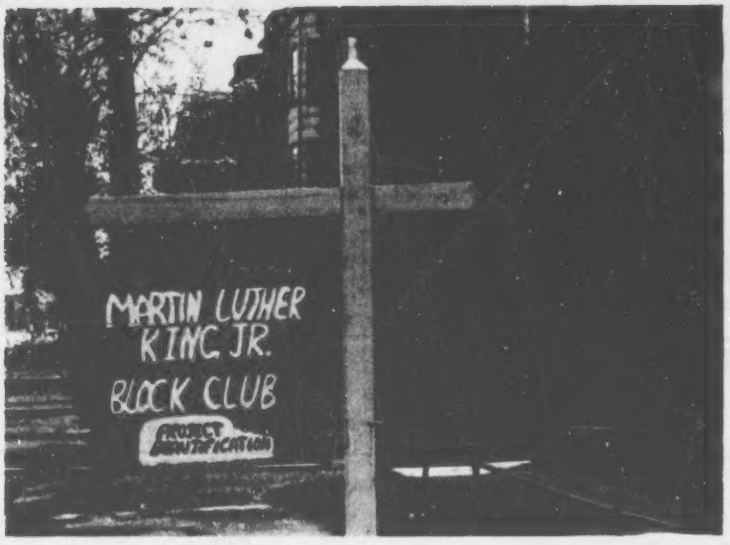
Steele, R. L. "A Manpower Resource for Community Mental Health Centers." American Journal of Community Psychology. Vol. 2, No. 2 (April, 1974).

T.W.O. Woodlawn's Model Cities Plan: A Demonstration of Citizen Responsibility. Northbrook, IL. Whitehall Company, 1970.

T.W.O. "Specialized Living Center." T.W.O. files, undated



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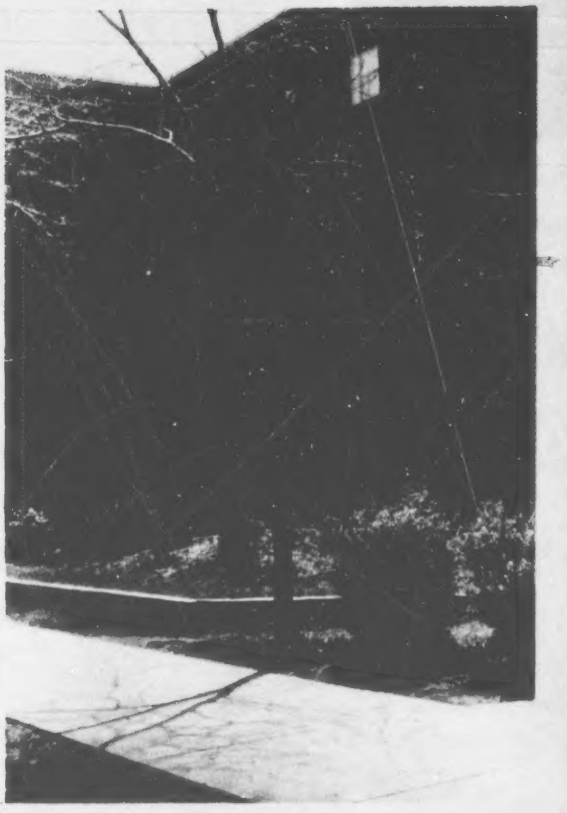


CURRICULUM FOR TRAINING THE COMMUNITY MENTAL HEALTH LEADER

CHAPTER III

CURRICULUM FOR TRAINING THE COMMUNITY MENTAL HEALTH LEADER

This competency-based curriculum is based on the guidelines developed through examination of the goals of the people of Woodlawn and their organization, T.W.O. Each guideline forms the basis of one course, with each course including:

1. Seminar Component
2. Practicum Component
3. Individual Study Component

The following pages provide general descriptions of each course included in the training program. In the description of each course, we have included discussion of the rationale and objectives of the course, the competencies to be attained by students, and the learning activities involved in each of the three components. In every instance, the learning activities have been designed specifically to foster development of the competencies listed. Courses include: I. Program Development and Evaluation; II. Services to Families, Children, and Youth; III. Services to Consumers with Special Needs; IV. Group Facilitation; V. Development of Human Service Networks; VI. Community Action/Change Agentry; and VII. Agency Management.

COURSE I: PROGRAM DEVELOPMENT AND EVALUATION

Rationale

We know that the community mental health leader must have the expertise needed to participate actively in social planning, both to provide for effective mental health programming and to examine the mental health aspects of broader planning issues. Basically, this involves the development of expertise in program development and evaluation, including goal-setting, objective-writing, establishment of measurement and data collection plans, participation in the development of evaluation plans, and, ultimately, the ability to use these skills in the creation of programs oriented toward specific ends.

Basic Competencies

In order to work effectively in the area of program development and evaluation, the student must exhibit the following basic competencies:

1. The student is able to set goals and objectives based on identified needs,
2. The student devises realistic plans for meeting objectives,
3. The student is able to set up an evaluation plan that includes data collection methods,

4. The student demonstrates the ability to identify preventive methods of dealing with community problems,
5. The student describes possible mental health effects of given environmental decisions.

The following learning activities have been designed to assist students in attaining those competencies.

Learning Activities

The learning activities for this course revolve around a step-by-step process for program development and evaluation. The seminar component provides for a careful training in the process at an introductory level. As part of the practicum component, each student attempts an evaluation of a program agency in Woodlawn. For the independent study component, the student utilizes the evaluation/program development model to plan a real or hypothetical long-range program meeting specific preventive needs.

Seminar Component

The seminar experience for this course includes an introduction to a systems-oriented method of completing an efficiency evaluation. The step-by-step process begins with goal-setting and the development of measurable objectives, and is therefore appropriate both for development of new projects and evaluation of ongoing programs. Learning activities include discussion of methodology and application of that

methodology to several examplary programs similar in nature to those in which students are involved. Course content is based on the following general outline:[1]

1. The Need for Evaluation

   Discussion of the importance of evaluation as part of the management cycle, stressing the importance of the following basic questions:

   a. What is the program doing to meet community needs?
   b. How are resources being used?
   c. Is the program operating as planned?
   d. How efficiently is the program operating?
   e. What can be done to increase efficiency and effectiveness?

2. Goals and Primary Objectives

   Discussion of goal-setting and determination of objectives designed to meet these goals (particularly important for community-based programs attempting to translate community members' goals into practical programs). Emphasis on the following definitions:

   a. Goal: A statement of a general condition, to be arrived at, that is related to a need or part of a need.
   b. Primary Objective: A specific measurable and

1. See Caines, Bates, and Lewis. A Manual for Self-Evaluation of Human Service Agencies. University of San Francisco, 1977.

timely result that when accomplished with other primary objectives indicates accomplishment of the goal.

In the seminar setting, students work together to define goals and primary objectives related to identified needs. Stress is placed on the fact that having measurable objectives greatly simplifies both program creation and ongoing evaluation.

3. Quantifying Objectives

Emphasis on identifying the criterion and the standard utilized to measure success in accomplishing objectives. The following definitions are utilized:

a. Criterion: A thing to be measured; a measurable factor that is part of an objective.

b. Standard: A specific quantity or quality of a criterion that is used to indicate what is desirable or to show deviation.

Students continue using the same examples to identify criterion and standards for each objective. Criteria and standards are selected by asking the following questions:

a. What is program or objective designed to do?

b. For whom is this to be done?

c. For how many is this to be done?

d. When must it be done?

e. What are the limiting factors?

4. Data Requirements and Sources

Students continue to examine the same examples,

attempting to identify as a group the data needed to measure accomplishments and the possible sources of data. Students learn to take the following steps:

a. Analyze criteria for data needed (what kind of data best reflect the criterion and standard?).

b. Determine whether the data are currently available.

c. Create or modify forms and reports to obtain the desired data.

d. Establish procedures for data collection.

5. The Data Handling System

Students work as a group to design an examplary data handling system for a particular type of agency or program. Emphasis is placed on:

a. Matching data requirements with operating functions.

b. Modifying forms to provide for integration with regular operating procedures.

c. Assuring comprehensiveness of data handling system (ensure that evaluation results can be reported for each objective).

6. Program Change

Students discuss their own experiences with change processes. They analyze these now in terms of evaluation procedures to identify deficiencies:

a. Review evaluation report.

b. Analyze objective evaluation.

c. Identify specific criterion and procedure affected.

d. Identify procedural factors and relationships.

e. Validate evaluation data.

f. Change the affected factor(s).

g. Assess effect of change.

7. Planning for Evaluation

Students discuss the political and social implications of evaluation and the need for involvement of people within agency or program. Emphasis on involvement of committees as follows:

a. Committee analyzes goals and primary objectives, utilizing previously developed goals or developing new goals based on community needs assessment.

b. Committee prepares operating objectives, criteria, and standards.

c. Committee designs data collection and handling system.

d. Committee acquaints workers with evaluation model.

Throughout this step-by-step process, students work together, following the entire process through at least two examples with the help of the course facilitator. When students are comfortable with the procedures, they are ready to attempt to operate on their own.

Practicum Component

Each student goes into one agency (either the one in which

he or she is working or another agency in the same community). The student completes a very general analysis of the agency's program or programs, including:

a. A statement of the agency's written goals and possible distinctions between these goals and the real operating goals of the agency.

b. A statement of measurable primary objectives that would ensure the program's meeting of its goals. The objectives must include identified criteria and standards.

c. A list of suggestions concerning appropriate data collection, including a list of currently utilized forms and suggestions for making forms conform to evaluation needs.

Each student completes this process independently and then shares his or her results in the seminar setting.

Independent Component

Each student is required to identify one community need and to outline a possible program to meet that need. The program must include:

a. Goals.

b. Primary objectives.

c. Data collection methods.

d. An evaluation plan.

The program is evaluated by the course facilitator.

Primary Text Materials

Caines, Bates, and Lewis. A Manual for Self-Evaluation of Human Service Agencies. University of San Francisco, 1977.

COURSE II: SERVICES TO FAMILIES, CHILDREN, AND YOUTH

Rationale

Community mental health leaders will be called upon to plan for the provision of direct mental health services and to assist in delivering these services. The needs of the Woodlawn community make it important to concentrate on services to families, children, and youth. However, the skills and competencies developed in this course are also applicable to other population groups.

Basic Competencies

In order to work effectively in service planning and delivery, students must have theoretical knowledge, and must also be able to translate that knowledge into the provision of preventive, community-oriented services. The following competencies should be obtained:

1. The student demonstrates general knowledge of several human development theories.
2. The student demonstrates in-depth knowledge of one human development theory.
3. The student is able to carry out a group-oriented approach to parent training.
4. The student plans an appropriate intervention for one family-oriented or youth-oriented problem.

Learning Activities

In this course, the primary emphasis of the seminar component is on improving the students' theoretical knowledge of human development and on providing demonstrations of group-oriented approaches. The practicum component involves more intensive observation of group or family counseling approaches, while the independent project stresses planning for appropriate interventions.

Seminar Component

Each student completes an in-depth study of one approach to human development in the context of a small group of three-four participants. The group then presents their findings to the whole seminar group. Emphasis is placed on theoretical approaches that include both personality development aspects and counseling/therapeutic aspects, such as:

1. Psychoanalytic,
2. Adlerian (emphasis on parenting models),
3. Affective Approaches (including existential, client-centered),
4. Behavioral Approaches.

Each group reports on the approach, including:

1. Assumptions about the nature of humanity,
2. Any child development outlines included in the approach (example: Freudian psycho-sexual stages),

3. Orientation toward the question of individual change (How does change take place? How can change be encouraged?),
4. What are the primary goals of individual and group treatment,
5. What are the primary modes of treatment,
6. What does the theoretical approach have to offer concerning preventive treatment?

Following this theoretical series of discussions, students are exposed to examples of group-oriented, preventive approaches to dealing with parents and families, including examples of Adlerian parent study groups, Parent Effectiveness Training, behavioral approaches to parent training, and systems-oriented family counseling. Individuals with expertise in this area are brought in to demonstrate their models; an alternative mode for some models is that audio-visual aids are used in place of in-person demonstrations. This series of demonstrations offers students an opportunity to view several alternatives, after which they will concentrate on further observation and participation in one approach.

Practicum Component

Each student is expected to observe and/or participate in a group-oriented approach to parenting or family counseling. The observation is to span several sessions of one approach, with the student then following up with an evaluative report.

In a real or simulated situation, the student himself or herself leads one group session in accordance with the theoretical approach that has been observed. Assessment of his or her effectiveness is completed by course facilitator and practicum supervisor.

Independent Component

Given a specific case problem, each student works independently to plan an appropriate intervention for the child and/or family. These written plans are shared with other students in the seminar setting, and are assessed in terms of their appropriate use of human service resources.

Primary Text Materials

Reading List. (Each small group completes in-depth reading concerning one model or approach.)

COURSE III: SERVICES TO CONSUMERS WITH SPECIAL NEEDS

Rationale

The people of Woodlawn have committed themselves to the goal of solving problems and providing services to citizens within the local community. It is most appropriate that, particularly in the case of developmentally disabled or handicapped service consumers, normalization should provide the preferred approach. The emphasis of this approach is on increasing options, safeguarding human rights, and providing for self-determination to the degree possible. That philosophy is in harmony with T.W.O.'s historical efforts, and the provision of appropriate training for community mental health leaders allows those values to be maintained.

Basic Competencies

The primary goal of this course is to increase the students' understanding of the implications of the normalization approach. This understanding can best be demonstrated through attainment of the following competencies:

1. The student evaluates a program through use of the Program Analysis of Human Service Systems (PASS) tool.
2. The student writes an Individual Development Plan to maximize the potential, normative development, and community integration of a consumer with special needs.

3. The student develops a written statement delineating clearly the rights of individuals with developmental special needs.

Learning Activities

The learning activities upon which this course is based involve an attempt to familiarize students with all aspects of normalization as theory and then to utilize this theoretical approach in examining specific situations. The practicum component involves applying normalization concepts to agency or program evaluation. The independent component involves applying these concepts to the needs of an individual person and to the plight of consumers with special needs.

Seminar Component

The seminar experience for this course includes an introduction to normalization principles for working with consumers who have special needs. Course content is based on the following general outline:

1. The Meaning of Normalization

   Normalization is defined as the use of means which are culturally normative to offer a person life conditions at least as good as the average citizen's. The fact that normalization intends to make available to people with handicaps the normal, or typical, conditions of life means that both the setting and

the individual's life style should be "culturally normative."[2] At the same time, normalization attempts to fight against negative stereotypes and to maintain the rights of all individual citizens. The basis of normalization includes:

a. Typical conditions

b. Mainstream means

c. Positive image

d. Individualization

2. The Developmental Model

Closely related to the normalization concept is the developmental model, which assumes that all individuals develop through time, that individuals can move along a continuum to maintain increased control over their own lives, and that there is dignity in the risks taken for the sake of growth. Developmental goals include:

a. The maximizing of individual strengths

b. Increased control over the individual's own life

c. The least restrictive alternative that can allow for meeting the individual's special needs while offering maximum social integration

2. Wolfensberger, W. Normalization: The Principle of Normalization in Human Services. Toronto: National Institute on Mental Retardation, 1972.

3. The Individual Development Plan

The developmental model emphasizes individuality. Each individual is entitled to have an Individual Development Plan that includes:

a. Assessment of strengths, as well as special needs, in the individual's cognitive, affective, sensory-motor, communicative, physical, and vocational/educational development.

b. Involvement of the consumer to the degree possible.

c. Involvement of an interdisciplinary team to the degree possible.

d. Long- and short-term goals and objectives that are consumer-centered, measurable, behavioral, and time-limited.

e. Planned interventions for each objective.

d. A written methodology for monitoring individual progress.

4. Consumer Rights

Seminar discussion includes consideration of the rights of disabled consumers, which include all of the human, civil, and legal rights of other citizens plus the right to treatment. Students consider the ramifications of recent legal struggles and judicial decisions.

5. Program Evaluation

The work of agencies providing services to developmentally disabled or handicapped individuals can be evaluated in terms of the normality of the life offered to consumers. The PASS tool allows the evaluator to examine a specific program, agency, or institution through use of a set of normalization standards.

In the seminar setting, students are exposed to the concepts upon which normalization is based. The facilitator then assists the students in examining specific situations--both of programs and of individuals--in order to measure the applicability of normalization principles. After this has been completed in the large-group situation, students are ready to attempt to apply normalization standards on their own.

Practicum Component

Utilizing the PASS tool, each student conducts an evaluation of one agency or institution providing services to consumers with special needs. This evaluation includes an on-site visitation and an in-depth examination of all aspects of the agency's work. Students then share their information in the seminar setting.

Independent Component

The student, using a hypothetical example, creates a model Individual Development Plan. The Plan is assessed in terms of

the plan's inclusion of measurable objective and planned interventions, as well as in terms of its adherence to normalization principles of providing for the least restrictive possible alternative for the individual.

Each student also develops his or her personal written statement defining the most important rights of the individual with special needs. Selection of the hierarchy of rights is based on the student's personal values.

Primary Text Materials

Wolfensberger, W. Normalization: The Principle of Normalization in Human Services. Toronto: National Institute on Mental Retardation, 1972.

PASS 3: Program Analysis of Service Systems. Handbook and Field Manual.

COURSE IV: GROUP FACILITATION

Rationale

As community mental health leaders, students will be called upon, not to plan for community members, but to plan with them; not to solve other people's problems, but to assist them in their attempts to solve their own. An orientation toward self-help is an underlying factor in Woodlawn's history. When this is carried over into the mental health field, it will necessitate the facilitation of ongoing self-help groups.

Basic Competencies

In order to work effectively as group facilitators, students must have a deep awareness of group dynamics, as well as the ability to recognize their own styles of leadership and interaction. These abilities are demonstrated in the following:

1. As a group participant, the student is able to develop a problem solution using cooperative problem-solving techniques.
2. As a process observer, the student is able to define and identify group norms, group and individual goals, task and maintenance roles, content and process.
3. As a group leader, the student is able to recognize his or her own leadership style and maintain a group that is effective in democratic decision-making.

Learning Activities

The field of group dynamics is one that requires extensive experience in the group process, followed by attempts to analyze the interactions that took place. For this reason, seminar activity is centered around group exercises, as well as lecture-discussion, while the practicum and independent components are also involved with group participation and observation.

Seminar Component

Course content, and the exercises utilized in surfacing the content, are based on the following general outline:

1. Characteristics of Effective Groups

   Discussion of the characteristics of effective groups centers on the following aspects of group dynamics:

   a. The group is characterized by open communication among members.
   b. The group is characterized by shared leadership functions.
   c. There is cohesiveness within the group.
   d. Group members agree concerning the group's norms.
   e. Group members agree concerning the group's goals.
   f. The group uses appropriate decision-making methods.
   g. Conflicts are resolved openly within the group.

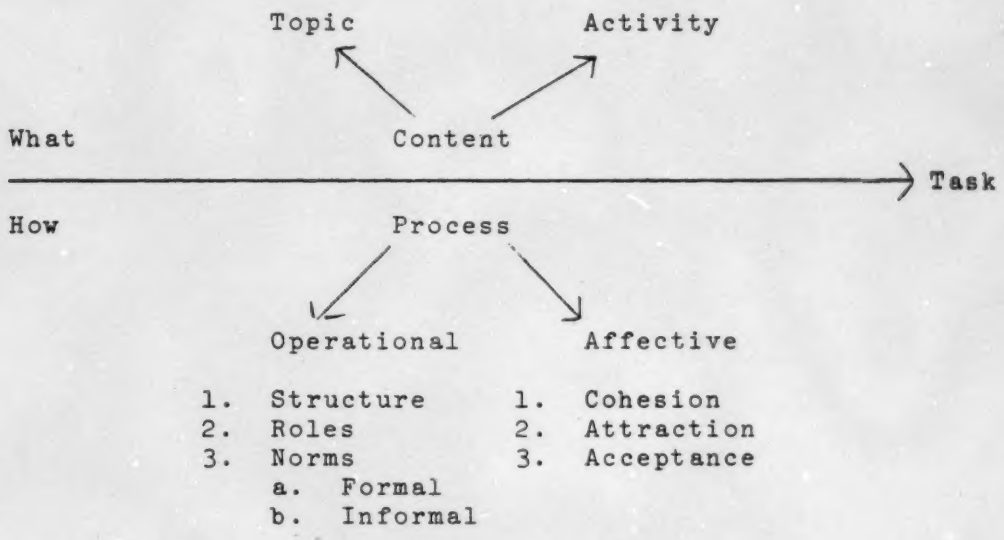
h. All members contribute both to the group's task and to the maintenance of its effectiveness.

i. Group members purposefully examine the group's process in order to understand its development and to enhance its growth-producing qualities.

In the seminar setting, students discuss their own ongoing group in an attempt to assess its effectiveness and to plan for enhancing that effectiveness.

2. The Dimensions of Group Behavior

Through a brief lecture, students are familiarized with the following schematic:[3]



3. Synthesized by Dr. J. Mayo, Consultant

All group interactions have both a content and a process. The content involves what the group is doing or talking about: the topic or activity. The process involves how the group is handling the communication, what is actually going on in the group, operationally and affectively (in terms of the members' feelings). Content versus process can be examined in terms of these differences:

Content	Process
Facts	Feelings
Intellectual	Emotional
Topic-centered	Reaction-centered
Formal	Informal
Cognitive	Affective
Impersonal	Personal
Overt	Hidden intent

The content versus process dichotomy differs from the familiar task-maintenance distinction. Both process and content can be oriented toward the completion of the group's assigned task. The process of communication within the group at any one time can be oriented toward maintenance of the group's effectiveness or, more destructively, against maintenance of effective communication patterns. This orientation toward group dynamics provides the model that students use to observe and report on group process within the seminar group

and also in the practicum situation.

3. Group Norms

Students divide into two small groups, each group having two observers. Students receive a discussion sheet entitled "What is a Norm?" and are told that they have thirty minutes to discuss the topic. Observers report back to the groups concerning communication patterns observed and how these patterns relate to group norms. The group discusses ways in which group norms could be changed to allow for more widespread participation and more effective communication. Each group then revises the list of group norms, discussing the revisions. After completion of the exercise, the groups share their conclusions.

4. Group Goals and Hidden Agendas

Although groups have goals, each group member may also have his or her own goal, or "hidden agenda." An exercise is used to point up the possible contrast between individual and group goals. Five role players are observed by other students. Each role player receives a role description that clarifies his or her secret goal. The role player then participates in a discussion, remembering to emphasize the behavior aimed at fulfilling the hidden agenda. The role played discussion is based on a situation presented to the

role players in a problem sheet. Observers attempt to report on the group process in terms of the following questions:

a. What is the basic goal of the group?

b. How did each member contribute to or hinder goal accomplishment?

c. Toward what goals were the individual members working?

d. What task and maintenance behaviors were present and absent?

e. Was participation and influence distributed throughout the group? If not, who dominated?

After completion of the group discussion, role players share the nature of their hidden agendas. The group as a whole then discusses the way hidden agendas affect the group and its members, the signs that hidden agendas were operating, the necessity of recognizing hidden agendas, and the possible productive use of hidden agendas in accomplishing the group's goals.

5. Process Observation

Group members are presented with a case study entitled "Overcoming Resistance to Change." After a thirty-minute discussion in which members attempt to reach consensus concerning the most appropriate solution

to a relevant problem, each group member prepares, in writing, his or her answers to the following questions:

a. Was leadership within the group broadly shared, or centered on one individual or sub-group?

b. Did all group members participate?

c. Did all group members work toward effective group maintenance?

d. Did group members all work toward completion of the task.

e. Were there hidden agendas that might have interfered with the group's goals?

f. Was communication effective among all group members?

g. Was I an effective communicator?

After members have completed their answers in writing, the group discusses the over-all group process as they observed it. After completion of this exercise, students are ready to observe and report on a group process in the practicum setting.

Practicum Component

Students are asked to observe a group in operation in the practicum setting. Whether they are normally members of this group or are observing for the first time, they are to act as "process observers," carefully noting the way in which the

group is functioning. Students prepare answers to the following questions:

1. In the group you observed, what could you guess about the degree of group cohesion? How much did group members appear to like the group and want to be there? What clues (behavioral) did you notice that helped you analyze this factor?
2. What did you notice about leadership within the group? Was it broadly shared, or centered on one individual or sub-group? Were power and influence shared? What behaviors helped you to understand these processes?
3. What about group decision-making? Did the group tend to use consensus? Majority vote? Autocratic rule?
4. What were the group's explicitly stated goals? Did you detect any implicit goals that might be different?
5. What were the group's explicitly stated norms? Did you detect any informal norms that contradicted the formalized norms?
6. Did most group members seem interested in maintaining the group's effectiveness? Was there equal or unequal attention paid to task and maintenance?
7. How did the group compare to the one you have been experiencing in the seminar?

Each student is asked to lead a small group in the practicum setting. The student is observed by the practicum supervisor, who evaluates the student's success in terms of the student's ability to describe his or her own leadership style and to allow group members to come to a decision through the democratic process.

Independent Component

Students have observed one group and led one group as part of the practicum component. The independent component requires that students write their reactions to these experiences, stressing the process they observed and dealing with their own individual strengths and weaknesses as group leaders and group participants.

Primary Text Materials

Johnson and Johnson. Joining Together: Group Theory and Group Skills. Englewood Cliffs: Prentice Hall, 1975.

COURSE V: DEVELOPMENT OF HUMAN SERVICE NETWORKS

Rationale

In communities of the urban poor, it has long been recognized (1) that mental health services should be closely intertwined with practical social and economic services, and (2) that consumers must be assisted in working through the service bureaucracy, particularly if they have multiple needs. A major role of the community mental health leader is in planning for, and in fact, providing, linkages among services. This can only be done if the CMHL knows what services are available and is able to plan for effective usage of those services by individual consumers and by the community as a whole.

Basic Competencies

In order to work effectively toward improvement of the human service network in Woodlawn, students must demonstrate the following competencies:

1. The student is able to define and describe the human services available in the Woodlawn community and adjacent areas.
2. Given a situational example, the student is able to describe the services to which a given consumer should be linked.

3. The student defines the holistic human services approach and makes a distinction between this approach and a specialized approach based on professional or population limitations.
4. In writing, the student provides a general plan for the networking of services presently fragmented in the community.

Learning Activities

The learning activities for this course are centered on a study of the services available to Woodlawn residents, with attention paid to the possible generalization of this information from Woodlawn to other urban areas. Students learn to examine individual and community problems in terms of analyzing possible service linkages that can provide solutions.

Seminar Component

The seminar component is based on discussion of the holistic human services point of view, followed by analysis of case examples. The course content follows this general outline:

1. The Human Service Viewpoint

   The human service viewpoint is defined as a concept that selects appropriate action in terms of the needs of individuals and the community, and never in terms of the helping methods with which professionals are already comfortable. Human service workers see them-

selves as generalists who provide whatever services are needed when they are needed. The whole individual is considered when services are provided. This replaces a more fragmented approach, which allows certain specialists to "treat" each aspect of the consumer's over-all problem.

2. Human Service Networking

Students are introduced to the concept of human service networking. All agencies and individuals involved with providing helping services to consumers can be seen as part of the human service network. This network is responsive:

a. If individual consumers are effectively linked to the services they need and are able to see the connections among agencies and programs.

b. If there is a human service worker who takes responsibility for following up on consumers who are referred to other agencies or programs.

c. If there is interface among agencies that allows for effective consumer linkage, for elimination of service duplication, and for effective resource sharing.

d. If human service workers maintain an awareness of the "informal helping network" which includes non-professionals who provide help to others

because their job situations put them in close contact with others or because they are naturally facilitative people.

3. Consultation

Consultation is defined as a cooperative interaction between two human service workers, with one helping the other to deal more effectively with a current work problem or with the need to plan for more successful future interventions. The characteristics of consultation include:

a. The consultee asks for help (it is a voluntary act).
b. The consultant does not have power over the consultee's actions.
c. The consulting process is educational.
d. Concentration is on the consultee as a worker.
e. Focus is on a third individual or group (current or potential service consumers).

In the seminar setting, students discuss the consultative process. Following this discussion, each student has the opportunity to role play the consulting process with another student and to receive feedback on the degree to which the consulting maintained the characteristics listed above.

4. Advocacy

Advocacy is defined as the act of speaking up on

behalf of individuals or groups who may lack the knowledge and power to defend their own rights. In keeping with The Woodlawn Organization's emphasis on self-determination, attention is paid to the fact that, ideally, the individual can learn to defend his or her <u>own</u> rights in concert with others. "Here-and-now advocacy" arises in response to an immediately recognized injustice. "Preventive advocacy" tries to protect individuals by acting on behalf of an entire population that might be subject to injustice. "Citizen advocacy" involves volunteers who represent the interests of other citizens. Students discuss the advocacy concept and, in the seminar setting, deal with case examples from their own experiences.

5. <u>Services in the Woodlawn Community</u>

As a group project, students survey the Woodlawn community in order to determine what mental health/human service-related services are available to consumers within the community, what services are available in adjacent communities only, and what needed services are unavailable. Each student surveys one aspect of the human service network as part of his or her practicum assignment. In the seminar setting, these individual bits of data are correlated to provide for a total picture of available services. Students then

examine, as a group, the degree to which services are fragmented or unresponsive, and discuss alternatives for improving the responsiveness of the human service network. Attention is paid to generalizing from the Woodlawn experience to similar communities in other locales.

6. Responsive Services for Individual Consumers
   The seminar facilitator presents a series of individual cases, or situations, for the group's consideration. The group as a whole attempts to determine the ways in which the individual consumer's needs could be met most effectively. A Service Linkage Plan is developed and evaluated by the group.

Practicum Component

Each student takes on one aspect of the problem of identifying available services in the community. He or she surveys the community to determine which agencies or programs are providing services and then shares this information with the seminar group.

Independent Component

For the independent component, the student completes a written project the includes the following:

1. The student defines, in his or her own words, the holistic human services approach, and distinguishes

between this and the specialized approach.

2. Using the definition developed above, the student attempts to provide a plan for adapting Woodlawn's services to allow for a responsive, holistic human service network.
3. Given a specific case example, the student defines the services to which an individual consumer should be linked. He or she develops an Individual Linkage Plan responding to the whole person to the degree possible.

Primary Text Materials

Lewis and Lewis. Community Counseling: A Human Services Approach. New York: John Wiley and Sons, 1977.

COURSE VI: COMMUNITY ACTION/CHANGE AGENTRY

Rationale

The close relationship between community mental health and social change has become apparent in recent years. Mental health workers have a supportive role to play in community action because of their awareness of common problems faced by community members, because of the usefulness of their human relations skills for organizational development, and because of their knowledge of the effects of the environment on the growth and development of individuals. Most importantly, community mental health leaders work diligently to bring about change in the human service network itself, taking the leadership in increasing responsiveness of agencies and institutions.

Basic Competencies

In order to play an effective role in community action, students must demonstrate change agentry skills, particularly with regard to changes in mental health/human service settings. Since these skills can only be demonstrated in practice, students complete the following tasks:

1. The student plans, carries out, and evaluates a change project developed initially in a partial segment of the target system.
2. The student plans, carries out, and evaluates a

change project that successfully brings supportive groups into an organization or increases the influence of supportive groups already in the organization.

3. The student successfully increases community participation in a task or project by increasing the benefits of participation.
4. The student develops and defines a change-oriented role that is understood by agency workers and community members.

Learning Activities

The seminar component of this course involves an introduction to several models of community organization practice, with the long history of community action in Woodlawn used as an example. Both successes and failures of The Woodlawn Organization are used to point up generalizations concerning effective or ineffective practices.

Students are also introduced to the action guidelines for organizational change developed by Rothman, Erlich, and Teresa. In addition to discussing these guidelines in the seminar setting, students complete change projects based on the guidelines as the major part of the practicum component. The independent component requires individual student analyses of the strengths and weaknesses of their change agentry skills.

Seminar Component

The subject matter included in the seminar component is based on the following general outline:

1. Three Models of Community Organization Practice

   Students learn to distinguish among three approaches to community organization:[4]

   a. Locality Development: All community members, including members of power structure, work together toward solution of common problems. Emphasis is on consensus-seeking and communication among groups.

   b. Social Planning: After fact-gathering, rational course of action to solve substantive problems is selected through analysis of data. The community organizer is a fact-gatherer, analyst, program implementer, and facilitator.

   c. Social Action: The community organizer is an advocate on behalf of a disadvantaged population attempting to shift power relationships. Members of the power structure are external targets of action.

4. See Rothman. Three Models of Community Organization Practice. In Cox, Erlich, Rothman, and Tropman, eds., Strategies of Community Organization. Itasca: F. E. Peacock, 1974.

Students analyze these models according to assumptions concerning communities, basic change strategy and tactics, practitioner roles, medium of change, orientation toward power structure, definition of client system, and conceptions of public and community interests.

2. Woodlawn as an Example of Community Organization Practice

Students are exposed to a detailed history of The Woodlawn Organization and its role as a community organization for change. Emphasis is placed on:

a. The forces tending to encourage and discourage organization.

b. The "people's organization" approach upon which T.W.O. was originally based.

c. The interactions between T.W.O. and community members, local government, local economic powers, the federal government, educational institutions, and local agencies.

d. T.W.O.'s development "from protest to program."

e. T.W.O.'s plans for the future.

Students, in their seminar group, attempt to analyze T.W.O.'s experiences in terms of their emphasis on aspects of the three approaches to community organization.

3. Action Guidelines for Organizational Change

Students utilize as a basic text, Promoting Innovation and Change in Organizations and Communities: A Planning Manual. In the seminar setting, students discuss the action guidelines exposed in the text, as well as the detailed examples included in the manual. The action guidelines include:

a. Innovations that are amenable to trial on a partial basis will have a higher adoption rate than innovations that necessitate total adoption without an anticipatory trial.

b. Practitioners wishing to change an organization's goals may approach this problem by altering the structure of influence within the organization by either: (1) increasing the power of those groups within the organization that hold goals compatible with the practitioner's or, (2) introducing new groups into the organization that hold goals compatible with the practitioner's.

c. Practitioners wishing to foster participation in organizations, voluntary associations, or task groups should provide (or increase) appropriate benefits.

4. Practitioners can increase their effectiveness by defining a relevant role (or role aspect) and clearly

specifying this role or role aspect and fostering mutual agreement among relevant superordinates concerning it.

Practicum Component

Each student completes change projects based on the action guidelines. Students complete action logs, including:

1. The Initial Log Form (beginning steps and plans are set down according to guide questions.
2. The Periodic Log, which records main factors affecting implementation as the project proceeds.
3. Final Log (recaps the project and evaluates success according to guidelines for assessment).

Independent Component

After completing the change project and accompanying log forms, each student writes a summary of his or her experience stressing:

1. His or her own personal experience as a change agent.
2. An assessment of his or her strengths and weaknesses in this role.
3. An assessment of his or her organizational orientation, in terms of alternate action models.
4. His or her plans for the future in terms of change agentry role and steps to be taken to strengthen community organization skills.

Primary Text Materials

Rothman, Erlich, and Teresa. Promoting Innovation and Change in Organizations and Communities: A Planning Manual. New York: John Wiley and Sons, 1976.

Cox, Erlich, Rothman, and Tropman, eds. Strategies of Community Organization. Itasca: F. E. Peacock, 1974.

COURSE VII: AGENCY MANAGEMENT

Rationale

The ultimate goal of the project is to build leadership in community mental health among members of the Woodlawn community. It is expected that program participants will go on to management positions in local agencies.

Although many managerial skills are important, we identified several areas that are imperative to paraprofessional attempting to move into administrative positions. Individuals in this situation must begin to think of themselves as leaders, and must communicate effectively with others, including supervisees, consumers, and potential supporters of the agency's work. Therefore, this course is oriented specifically toward group leadership, problem-solving, proposal-writing, and oral and written reporting.

Basic Competencies

The following basic competencies indicate achievement of the identified managerial skill clusters:

1. Given an example of a community problem, the student successfully leads a group in planning long- and short-range solutions.
2. Given a community problem, the student writes a clear and coherent proposal for problem solution, including

a realistic budget and clearly planned allocation of resources.

3. In the seminar setting, the student presents a clear verbal description of one set of human service functions.
4. The student presents a clear and convincing written report describing his or her activities in the solution of a community problem and evaluating the success of these activities in accomplishing objectives.

Learning Activities

This course requires that each student receive extensive feedback after his or her attempts to communicate and lead effectively. In the seminar, practicum, and independent components, students practice these activities, with the seminar facilitator, the practicum supervisor, and fellow students working to increase the clarity of communication and the confidence of the students in themselves as leaders.

Seminar Component

In the seminar situation, students are exposed to methods of dealing with community problems, including group problem-solving and development of written proposals. Students also practice reporting on their own activities. The basic outline of the subject matter included is as follows:

1. Group Problem Solving

Students use Eisen's problem-solving model[5] to deal with selected problems in small groups. Students follow this step-by-step process:

a. Identifying and describing a problem that entire small group (5-6 members) agrees to work on.

b. Rephrasing the problem statement so that it describes the situation as it is and the situation as the group would like it to be (the ideal).

c. Recognizing that restraining forces, which resist improvement, and driving forces, which push toward improvement, are present in most problem situations.

d. Listing the driving and restraining forces affecting the specific problem (students are asked to brainstorm and to list all forces identified).

e. Identifying the forces that seem most important and that group thinks can be affected constructively.

f. Listing as many action steps as possible to reduce the effect of each restraining force identified.

g. Listing as many action steps as possible to increase the effect of each driving force.

h. Identifying the most promising of the action steps identified.

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5. See Eisen, S. Problem Solving Model. NTL Institute for Applied Behavioral Science, 1969.

i. Listing the materials, people, and other resources available for carrying out the action steps chosen.

j. Developing a comprehensive action plan by eliminating items that do not fit and adding any new steps and resources needed to round out the plan.

k. Planning a way of evaluating the effectiveness of the action plan as it is implemented.

l. Presentation of the plan according to carefully selected procedures.

Back in the seminar group, each small group presents its action plan, receiving suggestions and feedback from other seminar participants.

2. Proposal Writing

Students discuss an outline for effective proposal writing,[6] including the following:

a. Subject and Purpose of Proposal (firmness and clarity in describing the "what" and "why" of the proposal).

b. Problem Definition (presentation of data defining, locating, and describing the problem in concrete, measurable terms).

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6. See Houp and Pearsall. Reporting Technical Information, Beverly Hills: Glencoe Press, 1977.

c. Background of the Problem (brief overview of recent history affecting the existence of the problem).

d. Need for Solution of the Problem (clear spelling out of the consequences of ignoring the problem).

e. Benefits of Solution (describe the new condition in contrast to the present condition).

f. Feasibility of Solution (demonstrating that suggested solution is practical and appropriate).

g. Scope (sets boundaries and states what will be done within these boundaries).

h. Methods to be Used (a clear, systematic description and analysis of intended procedures).

i. Task Breakdown (identifying of component tasks to indicate that the job will be done in an orderly manner).

j. Time and Work Schedule (time-based flow chart showing intended duration of activities and target deadlines).

k. Facilities Available (description of means and facilities available and needed for proposed work).

l. Previous Experience (citing of earlier successes with similar problems).

m. Personnel and their Qualifications (identification of personnel who will be involved in the project, with biographical sketches).

n. References (or letters of support from agencies or individuals involved).

o. Likelihood of Success (statement of success goals and estimate of success).

p. Products of the Project (statement of what will be produced as an outcome of the project).

q. Cost and Method of Payment (itemization of each expenditure as it relates to the narrative).

In the seminar setting, students practice developing clear problem statements, with individual students attempting to write model proposals as part of their independent work.

3. A lecturette and discussion will concentrate specifically on the budgeting aspects of proposals and ongoing programs. A model budget will be presented and analyzed. Additionally, the seminar group, with the assistance of the seminar facilitator, attempts to develop a budget for two real or hypothetical mental health-related programs.

4. Progress Reports

Since students are expected to gain expertise in the writing of progress reports, a seminar session provides an overview of this process, including:[7]

a. Time Plan

7. See Houp and Pearsall. Reporting Technical Information, Beverly Hills: Glencoe Press, 1977.

Work Previously Done

Work Done in the Period Closing

Work Scheduled for the Next Period

Work Scheduled for Periods Thereafter

b. Tasks Plan

Clear definition and description of tasks involved in entire project, with description of work completed for each task during time period

c. Topics Plan

Organization of report according to subject areas for investigation

d. Combination Plans

Tasks divided into work previously done, planned, etc.

Time frames divided by task

This material forms the basis of student attempts to provide written progress reports as part of their practicum component.

Practicum Componet

Each student acts as a group leader of a problem-solving group in his or her practicum setting. The group may include fellow workers or consumers. The student facilitates the group in the utilization of Eisen's Problem Solving Model previously practiced in the seminar setting.

Each student prepares a clear written report describing

his or her activities in the practicum setting for a given time period. The report may be organized by a time plan, a tasks plan, or a topics plan; it is evaluated for clarity and comprehensiveness.

Independent Component

Working individually, each student selects one community problem related to mental health and writes a proposal for problem solution. The solution includes clear problem and goal statements, itemized plans, and a realistic budget. These proposals are presented to the seminar group for feedback.

Primary Text Materials

Houp and Pearsall. Reporting Technical Information, Beverly Hills: Glencoe Publishers, 1977.

Model reports and proposals.

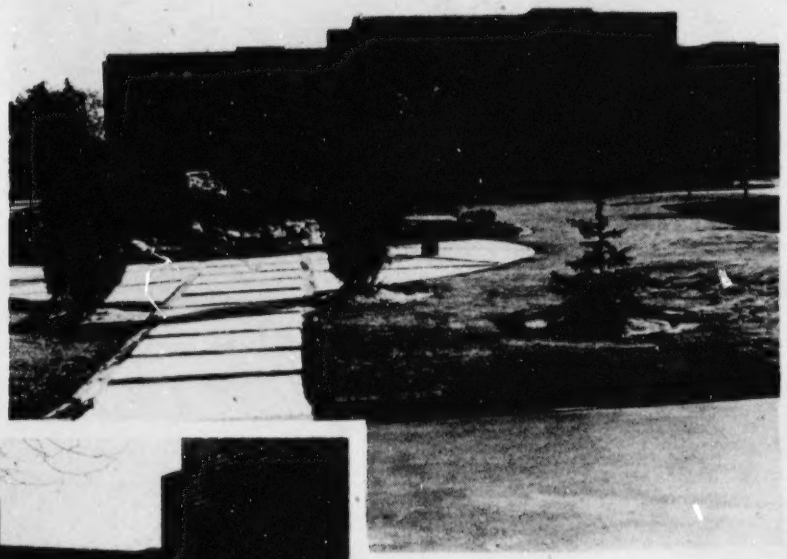
ASSESSMENT OF COMPETENCIES

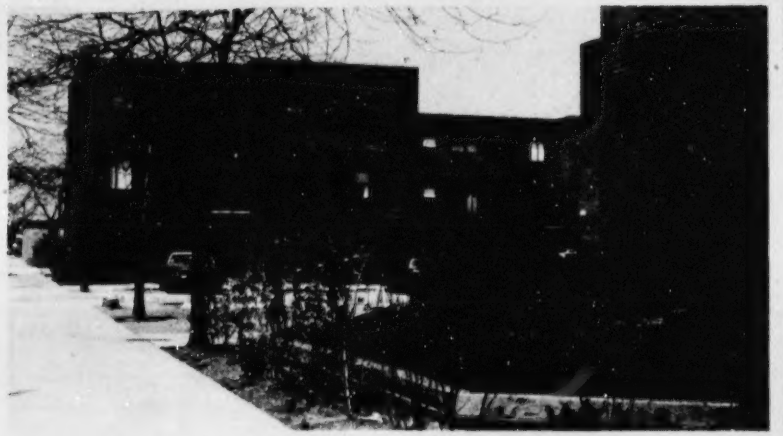
Each student participates in a practicum experience in a community agency, under the direct supervision of a practicum supervisor, for the duration of the program.

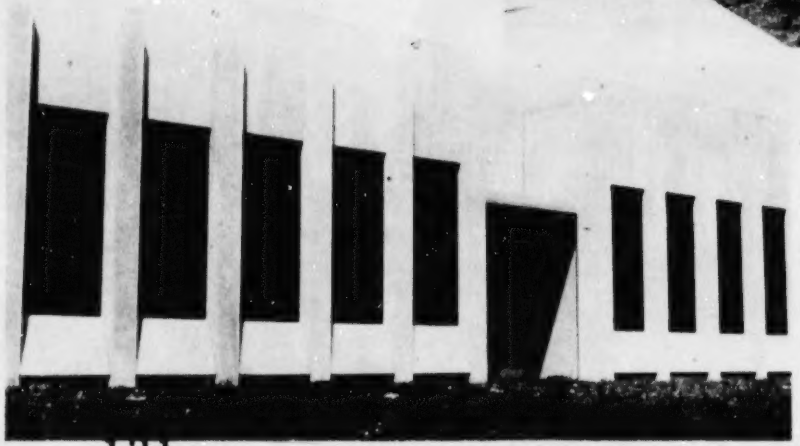
In addition, each student is advised and evaluated by a committee made up of the practicum supervisor, a member of the project staff, and a faculty facilitator. (Each course facilitator become a committee member for all students for the purpose of helping to evaluate competencies related to the specific course.)

Each course includes a list of required competences. These competencies must be attained, but students may work at their own paces in reaching their objectives. The student reports to the project staff when he or she believes that all competencies for a particular course have been reached. The student presents evidence of accomplishment, which is evaluated by the entire committee. Students whose efforts fall short of competency attainment are assisted in their efforts to obtain the needed skills.

In order to obtain the certificate of completion of the program, the student must demonstrate each competency listed for each course, as evaluated by the practicum supervisor, the project staff, and the course facilitator.







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